

**Art Therapy and Poverty: A Study of the
Alignment of Practices and Therapeutic
Goals of Art Therapists working in
Contexts of Multiple Deprivation in
Scotland**

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the Award of Professional Doctorate in Health
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Declaration

I declare that the work presented in this thesis is my own. All sources which have informed the content and contributed to the ideas presented have been acknowledged and referenced. No part of this thesis has previously been submitted for any other degree or professional award. The final word count excluding tables, appendices and the list of references is 48,175.

A handwritten signature in dark ink, appearing to read 'P. Watts', with a stylized, cursive script.

Signed: Patricia Watts

Date: 11th May 2016

(Final version with
completed corrections
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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
AHC	After Housing Costs
BAAT	British Association of Art Therapists
BHC	Before Housing Costs
CAMHS	Child and Adolescent Mental Health Service
CPAG	Child Poverty Action Group
CYP	Children and Young People
DSS	Department for Social Security
DWP	Department for Work and Pensions
EBP	Evidence Based Practice
HCPC	Health Care Professions Council
IRAS	Integrated Research Application System
JRF	Joseph Rowntree Foundation
MD	Multiple Deprivation
NHS	National Health Service
QMU	Queen Margaret University
SIMD	Scottish Index of Multiple Deprivation
UNICEF	United Nations International Children's Emergency Fund
WCS	West Central Scotland

Abstract

Background: The impact that poverty can have on children and young people (CYP) is pervasive and can affect their emotional wellbeing, educational attainment, future life chances and can put pressure on family relationships. It is known that the impact of poverty can also create a number of barriers to CYP and families accessing services that aim to promote their well-being. Furthermore, structural factors such as current welfare cuts and austerity measures on public services mean that professionals working with people affected by poverty will have to 'do more with less'. Practitioners could fail to acknowledge this if they have little experience of poverty through their professional discourses and training. This could reinforce barriers, create a social distance between service-users and practitioners and a misalignment of assessment of priorities which could lead to inappropriate interventions being offered.

Aims: This study gathered the views of 10 Art Therapists working in areas of multiple deprivation with the aim of examining their perspectives and experiences of poverty and how it is explored – if at all - within their professional practice. Also examined is the impact that working in a context of multiple deprivation has – if any – upon (i) what constitutes 'therapy' and (ii) the practices of the art therapist.

Methodology: The inclusion criteria for participants was that they were qualified art therapists working with CYP in West Central Scotland (WCS) in an area of Multiple Deprivation (MD) as determined by the Scottish Index of Multiple Deprivation (SIMD). The principle data collection method consisted of semi-structured interviews, and supplementary contextualising data was gathered via fieldwork in order to make observations of the context, settings and localities where participants worked. Reflexivity was also used to process personal and professional feelings regarding the data gleaned from interviews and fieldwork. The data was analysed using thematic analysis that took a general inductive approach to generating themes. This was then triangulated with the other data gathered to enhance the validity of emergent themes.

Findings: Whilst the majority of participants showed an awareness of the difficulties faced by CYP affected by poverty, there was evidence that the indicators of poverty could be missed by some practitioners. Despite this, participants were clear on the various ways poverty is explored in sessions by CYP. However, only half of therapists could say how they adapted their practice to make it accessible, and only half of therapists were able to name the barriers to their service being accessible. Therefore, the data suggests that structural as well as cultural difficulties made it difficult for art therapists to practice in a contextualised way. It can be concluded then that these factors could create obstacles for art therapists to align their practices and therapeutic goals. This could make it difficult for art therapists to meet the internal and external need of CYP affected by poverty and offer flexible and contextualised services in areas of multiple deprivation.

Preface

This thesis presents the research undertaken for the Professional Doctorate in Health & Social Science at Queen Margaret University. The research looked at the professional work experiences of art therapists working in areas of multiple deprivation in West Central Scotland (WCS) with a focus upon art therapists' perspectives on the indicators of poverty and how it affects Children and Young People (CYP). The thesis also examined how poverty is explored, if at all, within art therapy sessions; as well as the impact, if any, of working in a context of multiple deprivation upon:

- (i) what constitutes 'therapy' in such a situation
- (ii) whether it alters or changes the practices of the art therapist

Chapter one introduces the research and gives an overview of the background, rationale, aims and relevance of the research. Chapter two reviews the literature that informs the research and explores the various definitions of poverty and the impact on CYP. The literature review chapter also reviews the relevant themes from art therapy research and the theoretical perspectives found in the wider professional discourse. Chapter three states the methodological stance taken in the research and describes the methods used and the ethical considerations employed in the design and implementation of the research. Chapter four presents the research findings and gives an in-depth exploration of the themes that emerged from participants' professional practice. The discussion section of Chapter 5, then, asks whether the art therapy as a profession is able to develop a fully-contextualised consciousness and the ability to develop a series of flexible practices needed to work effectively in their professional work contexts of multiple deprivation. Chapter five concludes the thesis by summarising the material and explores some suggestions or recommendations for practice. The thesis makes use of the first person narrative to allow acknowledgement of the personal and professional relationship to the research. According to Lee (2009), writing in the first person is appropriate for research that takes place in practice settings and necessary for communicating reflexivity in order to guide the reader.

Chapter One Introduction

The link between poverty and poor mental health is well documented by researchers (Burns 2012; Learmonth and Gibson 2010; Wilkinson 2000; Wood 1999a; Wood 2011). In a seminal UK study conducted in the 1970s, Townsend (1979) found that people who were living in poverty were more likely to experience poor mental health compared to those from more affluent backgrounds. Recent studies have concluded that the relationship between poverty and poor mental health is self-perpetuating as poverty and the resulting worry associated with lack of financial resources often increases biological and psychological stress (Wilkinson 2000). In addition, experiencing poor mental health places people at higher risk of living in poverty due to poor mental health increasing the obstacles to accessing and sustaining employment opportunities (Payne 2012; Scottish Association for Mental Health 2014; World Health Organization 2007).

Current child poverty figures from the Scottish Government (2015) found that around one in five or 210,000 Scottish Children and Young People (CYP) were living in poverty in 2013/14. As well as affecting the psychological well-being of adults, research confirms that poverty also has a negative impact on the mental health of CYP which puts them at greater risk of developing Conduct Disorders or ADHD (Murali and Oyeboode 2004; Spencer 2008). On average CYP who live in deprived areas die 14 years earlier than CYP living in affluent parts of Scotland (Scottish Government 2013a). Furthermore, poverty impacts upon cognitive, social and emotional development as well as educational attainment, thereby creating an opportunity gap for CYP when growing up in areas of multiple deprivation that limits their future life chances (Brooks-Gunn and Duncan 1997; Treanor 2012; UK Government 2014; UNICEF 2011). In this context, then, art therapy as a form of

psychotherapy can provide CYP with a way to make sense of the conditions that inhibit their well-being (Case 2003;Slayton 2012). Therefore it is likely that the impact poverty has on mental health could be one of the many underlying factors that brings people of all ages to use art therapy services (Liebmann 1994).

Background

Researchers (Hardgrove, Enenajor, & Lee 2011) have found that poverty makes CYP more susceptible to feelings of anxiety about their social acceptance and being stigmatised as a result of not being able to access normal social activities. Thus shame and humiliation associated with experiencing poverty may be just as detrimental to CYP's well-being as lack of financial resource (Scheff and Retzinger 2000).

In this regard the Children's Society conducted an analysis of material deprivation and found that children consider living in a decent house, having finances to access transport and being able to buy new clothes and going on family outings to be important factors in their psycho-social development (Main and Pople 2011). Additionally, poverty can undermine the quality of family relationships as CYP are attuned to parental stress and worry caused by lack of financial recourse (Ridge 2009;Sharma 2005).

Furthermore, the fact that poverty is self-aware or reflexive means that in the family context parents can also feel guilt at the limitations that their lack of financial resources place on family life. As highlighted in a report by the lone parent charity 'Fife Gingerbread and the Poverty Alliance', 43% of parents reported skipping meals to allow their children to eat (McHardy 2013;Warrender 2013). Lone-parent families are at greater risk of experiencing poverty (Scottish Government 2014) regardless of whether or not the parent is in employment (Graham and McQuaid 2014), and so are over-represented in the homeless population in Scotland (Shelter Scotland 2011).

Also, the reach of the impact of poverty upon family life is seen in its close association with living in poor housing that is expensive to heat, exacerbating the risk of fuel poverty (Harker 2006; Morrison and Shortt 2007). This also puts families at-risk of unmanageable debt as a result of being unable to meet the rising cost of utility bills or only being able to access expensive credit options to replace household white goods (Hartfree and Collard 2014; McKendrick 2011c). Moreover, families can experience heightened pressure on household budgets during school holidays to buy additional food, fund activities and meet childcare costs (Campbell et al. 2015; Gill and Sharma 2004).

Rationale

The impact of poverty can create barriers to families accessing services that aim to promote their well-being due to the fear of feeling stigmatised and judged, worrying that children will be taken into care, having low self-confidence due to physical or mental health difficulties (Wood 1999a) and lacking the practical resources such as childcare or the money for transport to attend appointments (Davies 2008b; McHardy 2013). However, practitioners from a range of professions could fail to make this link if the impact of poverty is a reality they have little or no experience of and is absent from their respective professional discourses and training (Garrett 2002; Jack and Gill 2013). A lack of understanding from professionals could reinforce feelings of stigma and shame (Davies 2008a) on the part of those in need of help and create a social distance between service-users and practitioners which may hinder effective engagement (O'Brien, Wyke, Guthrie, Watt, & Mercer. 2011; Segal 2007). This in turn could undermine any notion of art therapy being a context of collaborative communication if difference as a result of class or socio-economic circumstances is not acknowledged (Wood 1999a).

Art therapists work in a variety of public sector contexts providing their services in a range of agency settings to both children and adults (Edwards 2004;Wood 2000), and many practitioners working with CYP and families are familiar with the pressures that lack of financial resource place on the well-being and functioning of families (Corcos 2015;Deco 1990;McGregor and Macaulay 2009). However, it has been proposed that services that support and promote the physical and emotional well-being of CYP and their families should take a social justice approach to assessing the needs of CYP by offering interventions that acknowledge the 'whole life' of the child and recognise the detrimental impact that poverty has on their well-being (Arnott and Ozga 2012;Jack and Gill 2003;Randall et al. 2010).

Research that explores how Maslow's (1970) Hierarchy of Need can be used as a framework for therapists offering crisis counselling to children and suggests that in order to help children grow and realise their potential, practitioners must be able to identify when children's basic needs are not being met and take action to address this, in addition to offering therapeutic interventions (Harper et al. 2003).

Art therapy has traditionally been characterised by political activism and self-scrutiny in order to promote fairness and equality to enable people of all classes and backgrounds to access art therapy as an alternative intervention to the medical model of treating psychological distress (Waller 1991). However, more recently, Hocoy (2007) has claimed that contemporary art therapy practice has deviated from taking political action in matters of social injustice and states that it is impossible to support the recovery of psychological distress without also addressing the oppression, disempowerment and marginalisation that users of art therapy services may experience on a societal level. Social action in art therapy underpins the theory in Hocoy's work, and social action in art therapy can be understood as a means for achieving social justice (Sajnani and Kaplan 2012). It has also been suggested that

art therapists have traditionally been trained to support people to cope with injustice, rather than to take action that directly challenges injustice (Feen-Calligan 2008).

Hocoy proposes that the therapeutic relationship can be an instrument for social action in that it can empower clients and challenge oppression and injustice on a micro level. However, in order to achieve this, the therapist must be aware of their own power to prevent oppression being reinforced *through the therapeutic relationship* (Hocoy 2007). Yet empowerment for service users is likely to result in feelings of disempowerment for the professional (Chambers 1995). For Hocoy, the therapist's power lies in their own internal and unexamined biases relating to oppressed and marginalised groups, which if unchallenged can reinforce societal inequality by "offering privilege to some groups at the expense of others". Furthermore, dominant medical frameworks for alleviating psychological distress fail to acknowledge the link between societal oppression and the symptoms of the individual which leads to problems being attributed to the individual and societal oppression remaining unchallenged (Hocoy 2007).

Despite its origins of socio-political awareness and egalitarian values, Hocoy issues a reminder that western art therapy is a social institution derived from a specific set of cultural constructs, assumptions and values which will inevitably contain unconscious societal bias. He then advocates that a theoretical framework that unites both art therapy and social action would support practitioners to challenge personal bias and reconcile the profession with its original purpose and values by actively challenging oppression and inequality at a macro level (Hocoy 2007).

Socio-Political Context

The Christie Commission (2011), an independent commission established by the Scottish Government to make recommendations regarding future delivery of public services, warned that previous systemic failure to deal with root causes of

disadvantage and inequality will place public services in Scotland under increasing pressure to deal with the impact of poverty. This is at a time when resources are being reduced by austerity measures meaning that services will have to 'achieve more with less' (Christie 2011). Furthermore, the UK welfare state is currently undergoing a series of major changes thanks to the Welfare Reform Act (2012) including the introduction of universal credit, the spare room subsidy and the further reduction of a benefits cap. Many stakeholders fear that these changes could see vulnerable people on the lowest incomes being forced into deeper levels of poverty (Beatty and Fothergill 2013; Joseph Rowntree Foundation 2013a; Scottish Campaign on Welfare Reform 2013). Mooney (2011) has used the concept of 'Poverty Porn' to describe the punitive and sensationalist portrayals of people living in poverty on television that 'serve to harden attitudes to poverty and to justify harsher welfare policies'. It is claimed by Seymour (2009) that this type of media reporting has led to lone-parents being further stigmatised and labelled as being a burden on the public purse. This reporting has far-outnumbered the press headlines and television programming that seeks to advert to the underlying structural and economic factors that contribute to individual stories of poverty (Seymour 2009).

As discourses surrounding poverty have become more prevalent, helping professions have sought to establish models of intervention that emphasise strengths rather than focusing upon problems or deficits (Boyden and Cooper 2007; Dumbleton and McPhail 2012). In a keynote speech to a recent international art therapy conference in London, writer and practitioner Tessa Dalley, who has widely contributed to art therapy literature, stated: "the current dilemma of art therapy is that there is a tension between maintaining the traditional and clinical roots of our profession whilst also embracing the inevitable challenges of the radically different social and political landscape in which we now work" (Dalley 2014). It is then not unreasonable to expect

that many art therapists' professional practice will become directly or indirectly informed by the impact of poverty and other socio-economic factors which are experienced by service users (Wood 2010), thanks to these current welfare cuts and the consequences of austerity measures on public services (Huet 2011;Huet 2012;Power and Hawtin 2015). Not simply acknowledging, but making the impact of poverty a central professional concern for art therapy training, theory and professional practice could be seen as a crucial element of developing for the first time a fully-contextual art therapy. In this regard, research which attempts to assess the appropriateness of interventions and what therapeutic goals are deemed possible should similarly become central concerns of researchers (Aldridge 1998;Eyber and Ager 2003;Jackson 2015;McGuinness and Schneider 2007;Wood 2011), and those with responsibility for art therapy curriculum development (Feen-Calligan 2008;Kapitan 2012;Waller 2015).

Professional Relevance

Alongside these 'macro' motives for carrying out my research, my interest in this topic also stemmed from my own practice and experience of working with CYP and families affected by homelessness in a former mining community in Lanarkshire where the majority of families who used the service had multiple and complex needs. This included experiences of one or more of the following: poor physical or mental health, domestic abuse or addiction issues, chronic financial hardship or repeat homelessness. In this work context vulnerable families were often in crisis and could be hard to reach and mistrustful of any statutory agency's involvement in their lives due to previous negative experiences of services.

Support was "needs led" meaning that it was dictated by the circumstances and priorities of individual families and offered on an outreach basis. This meant that support was brought to families in their homes and communities rather than expecting

that families would present at an office, in order to facilitate any kind of effective and meaningful engagement. Outreach support was particularly important whilst families were in transition during frequent house moves, for example, from temporary into permanent accommodation. In terms of my own professional practice it was not possible to begin any therapeutic work until CYP and families were safe and had their basic needs met, and so the remit of the therapeutic post involved offering practical as well as emotional support. However, even when families appeared to have their basic needs met, the impact of poverty was frequently impossible to control or predict and could suddenly become manifest in a particular event and could undermine all sense of security and stability that had been put together, and so place families back into crisis and inevitably dictate the new focus of planned therapeutic interventions. For example, when meeting CYP for their sessions with myself, it was quite common for parents to present as anxious because their benefits had been sanctioned and their financial situation meant they didn't have the means to contact the Department for Work and Pensions (Dunn 2012). In response I would often make the decision to support the parents to call the DWP or arrange to take the family to a foodbank whilst simultaneously finding a way to engage with the child or young person as a source of income and food was a priority over any planned therapeutic support.

Within art therapy practice, the consistency of location and the practice of establishing set times for therapy is done to provide a framework for the boundaries needed to maintain safety, confidentiality and trust in the relationship between therapist and client, which is seen as vital in creating a space where people are able to explore emotional difficulties (Case and Dalley 2014). As an art therapist, I found that in much of my own professional experience, this 'context of regularity' was unrealistic and I often felt unprepared as to how I might imagine or model, even to myself, how I might meet the needs of homeless CYP and families. This was because the practical details

of their circumstances required a more flexible and ad hoc approach on my part to build trust and facilitate meaningful engagement in order to not only deliver interventions but begin to understand what interventions might be needed, never mind whether I was personally capable of delivering them.

In conducting research into the question whether art therapists have a contextual theory of the human psyche and the healthy development of emotional well-being, as well as a series of contextual practices to respond to the needs of people affected by relative poverty and living in areas of multiple deprivation, my aim is not to criticise informants if they do not have such contextualised views or experiences. Participants may rightly judge that there are universal needs and practices that are always helpful to their clients regardless of their particular situation; or that as a result of their peripatetic conditions of their employment or other workplace restrictions, such contextualisation is not practical or highly difficult to achieve. Wood (1999a) states that where there is difference, it is not helpful to attack someone's lack of awareness. My aim then is a value-free inquiry into this question rather than to judge practitioners in a normative way or to call into question their professional practice.

However, the demand to follow the evidence means that should the data warrant it, I am open to highlight the following:

- Where some informants do not evidence a contextual range of practices but use the same practices whatever their professional context
- Where some informants conceive of their 'professional self' in a context-free or universalist manner as they think of themselves in the same way regardless of professional context
- Where some informants' understanding of what art therapy is may be a context-free approach insofar as the evidence suggests that in every context they set themselves the task of achieving the same universal therapeutic goals irrespective of the social contexts of their clients

- Where some informants feel that their training, employment conditions or organisational structures inhibit them from offering a contextual range of practices that responds to the external world of clients

Clearly I am very much interested in asking these questions and am myself keen to explore and perhaps develop a fully-contextualised art therapy that centres on working with people affected by relative poverty and living in areas of multiple deprivation. However, let me be clear that if a practitioner were to interview me and ask the same questions I have asked my participants, I am not at all convinced that I would be any kind of model to be followed as these are questions I myself struggle with, but am energised by, as a practicing art therapist.

The Homeless charity *Shelter* has published wide-ranging guidance for professionals working with families affected by homelessness, and has stated that outreach services are vital for families in crisis as it cannot be taken for granted that families will access services on their own initiative (Shelter 2010a). It is also highlighted that the transition and crisis that families face during this time makes it difficult for them to maintain regular contact with agencies, which could result in *agencies* disengaging from families at a time of heightened vulnerability (Shelter 2010b). Shelter's guidance also recommends that professionals must develop flexible ways to engage with at-risk groups as a priority, particularly as "the structure of traditional psychological therapies are not focused towards meeting the needs of multiply excluded people with frequently chaotic lifestyles" (Shelter 2008). When looking to the art therapy literature for support and guidance on best practice when delivering unstructured therapeutic services to people in transition, the limited studies on homelessness gave an

international perspective and focused on psychosocial approaches with people living in 'absolute poverty'¹ (Allen 2007;Feen-Calligan 2008;Kalmanowitz and Lloyd 1997).

Aldridge (1998) shared a case study that highlighted children arriving for art therapy sessions physically hungry due to financial hardship and found that this affected sessions as children became preoccupied with food which they often explored through their art work. As the impact of poverty was a universal theme for the CYP and families I was working with, this article prompted an interest in finding out what other art therapists noticed about the impact of poverty, how poverty might be explored by CYP in sessions and what impact poverty has on the flexibility of the service they are able to offer. According to Kapitan (2012), a flexible approach in art therapy creates much ambiguity for practitioners but can strengthen professional identity if therapists are able to reflect on their own personal values and experiences to offer an 'authentic service' that responds to the varying need of people who use art therapy services. Whilst certainly informative insofar as they gave an overview of the impact of poverty (Aldridge 1998;Andrade del Corro 2014;Arrington and Yorgin 2011;Hsu Tsun-Wei 2014), these studies in the final analysis were not particularly relevant to my own professional work context and studies that could model what my own practice might resemble were not found. With the benefit of hindsight, what I was failing to find in the art therapy literature was engagement with those questions that would form the basis of my own research:

- Does working in a context of (relative) poverty or multiple deprivation influence the art therapists' assessment of what therapeutic goals are deemed a priority as well as noticing if poverty is explored by CYP in therapeutic sessions?
- Does working in a context of multiple deprivation mean a change in the therapeutic practices used by the art therapist?

¹ Definitions of poverty will be explored in the literature review

In thinking about the relationship between art therapy and social action and how this leads to achieving social justice, art therapists as well as other practitioners from the helping professions have to be attuned to the social contexts and needs of the people that use their services (Sajnani & Kaplan 2012).

Reflexive Statement

In order to recognise how my own values, background and experiences have influenced my practice as well as this doctoral research project, it is necessary to say something about my biography and my personal relationship to poverty. I was raised in a community in Renfrewshire which contains the most deprived datazone in Scotland according to the 2016 Scottish Index of Multiple Deprivation, or SIMD (Scottish Government 2016). In the previous SIMD, this community had the first and fourth most deprived datazones in all of Scotland² (Scottish Government 2012a). This community also had the second most deprived datazone in the 2009 iteration of SIMD, the number one most deprived datazone in the 2006 SIMD iteration³.

Although I no longer live in an area of multiple deprivation, it is inevitable that this experience will have shaped my own views on life and my own 'agenda' regarding my professional practice as an art therapist as well as my research choices as a professional doctorate student. Being reflexive about my own experience allows for honesty and reflection in being able to confront any prejudices or preconceptions about the characteristics of particular communities.

² The SIMD and its significance to this research will be explained in the Literature Review

³ An interactive map from the SIMD website that gives a visual representation of the deprivation ranking for my natal area can be accessed here:

<http://www.sns.gov.uk/Simd/Simd.aspx>

In this regard reflexivity⁴ means I acknowledge personal details of my biography which have impacted on the research (O'Reilly 2012).⁵ Since qualifying as an art therapist in 2007, my professional practice has mainly focused upon working with CYP and families living in areas of multiple deprivation⁶, including five of the seven local authority areas where participants practiced⁷ in WCS⁸.

Another experience that has required a degree of reflexivity and consideration whilst completing this research has been my involvement in instigating a whistleblowing complaint against a previous employer where I deemed the work practices to be unethical. Whilst I remain committed to challenging practices that are considered professionally unethical or unsafe, I recognise this experience has at times hindered me in the research process when interrogating participant data through fear of being faced with a similar whistleblowing situation. However, being conscious of this and being able to explore this in-depth and honestly with my supervisory team has allowed me to overcome the restraints of this previous experience and interrogate the data with integrity.

⁴ Reflexivity will be further discussed in the Methodology Chapter.

⁵ See the Appendix for Interactive Maps of areas of Renfrewshire where I lived as a child/young adult.

⁶ See the Appendix for SIMD Interactive Maps of the areas where I have worked since 2007.

⁷ See the Appendix for SIMD Interactive Maps of the various areas where participants worked.

⁸ See Chapter 4 Findings for a map of WCS highlighting participant areas

Research Aims

The aim of this research is to examine art therapists' experiences of working in areas of multiple deprivation and to attempt to map and understand how such work contexts impact upon professional practices and the kind of therapy deemed necessary and possible. However it is not an easy task translating this into what needs to change in the therapeutic practice (Wood 1999a).

The aims are captured in the themes identified from the research data⁹:

- to gain insight into practitioners' understanding of contexts of multiple deprivation
- to gain insight into practitioners' understanding of poverty
- to gain insight into practitioners' understanding of what art therapy does or might achieve in such contexts
- to gain insight into whether practitioners' understanding of poverty changes the therapeutic goals they set

The focus then is on exploring therapists' perspectives on poverty and how it is explored – if at all - within art therapy sessions. Of equal importance is exploring the impact that working in a context of multiple deprivation has – if any – upon: (i) what constitutes 'therapy' and (ii) the practices of the art therapist. The purpose is to compile an original data-set that can answer the question as to whether the immediate institutional context in which art therapists' work is far more determining of their practices than the wider social community context. And, whether a workplace setting such as a school for example can effectively shut out the social context from the therapists' professional practice and consciousness once she is embedded within its walls.

⁹ These themes are fully explored in the Findings Chapter

Chapter Two Literature Review

Search Strategy

The literature search strategy consisted of a combination of Boolean word phrase searches in CINAHL and PsychINFO databases using the keywords: poverty, children and young people, material deprivation, art therapy, well-being, psychosocial, Scotland and practitioner perspectives. Appropriate articles were identified through their abstracts and most articles were found in the three main art therapy journals; Inscape – The International Journal of Art Therapy, The Arts in Psychotherapy and ATOL: Art Therapy Online. The literature search found that art therapy studies citing poverty as a central theme were absent, as were art therapy studies relating to working in contexts of multiple deprivation¹⁰ in West Central Scotland (WCS) and the rest of the UK.

However, there was a vast body of UK research on art therapy with Children and Young People (CYP), within this body of literature, although studies that considered the impact of poverty on CYP were limited and some only acknowledged poverty as being a difficulty in the backgrounds of CYP, they were beneficial in supporting reflective practice and developing practice questions which have shaped this study. There was also a vast body of literature related to art therapists working with people of all ages affected by homelessness, either due to social-economic circumstances or as a result of being displaced by persecution or political conflict. However, the majority of this literature originated from out with the UK and related to people

¹⁰ Multiple deprivation is defined in the literature review

experiencing absolute¹¹ rather than the relative poverty experienced by the people I had been working with in WCS.

In view of this, art therapy research that was most relevant to this study highlighted the importance of practitioners being aware of and acting on the detrimental impact of; poverty, oppression; inequality and power, which was mainly located in texts related to art therapy and social action (Hocoy 2005a; 2007) and art therapy and class (Wood 1999a; 1999b). Also of major relevance was recent literature from the UK and the USA that emphasised the changing contexts for art therapists as a result of the current global economic crisis, some of which also highlighted the poverty experienced by organisations and service providers¹². Therefore, the main source of relevant information relating to poverty and WCS was gleaned from grey literature, namely Government white papers and reports from anti-poverty groups and voluntary organisations which gave the most up to date information relating to poverty and its impact on CYP. The inclusion of grey literature in literature reviews allows for the use of information that has not been formally published, which can help overcome publication bias (Hopewell et al. 2008). The remainder of literature that was accessed spanned a range of professions including; sociology, social work, nursing, education, arts therapies (art, music, drama, dance movement) and counselling which facilitated a multi-disciplinary perspective on the impact of poverty.

Art Therapy in Different Contexts

Before poverty is introduced or defined, it is necessary to explore art therapy research that has been conducted in Scotland as well as the rest of the UK and further afield that is relevant to the research question of whether or not working in a context of relative poverty or multiple deprivation influences the art therapists' assessment of

¹¹ Absolute and relative poverty is defined in the literature review

¹² These themes will be explored further in the section Art Therapy in Different Contexts.

what therapeutic goals are deemed a priority. Additionally, the research aims to question if poverty is explored by CYP in therapeutic sessions, and if this then means a change in the therapeutic practices used by the art therapist.

Scotland

The literature search found only two Scottish art therapy studies both of which were conducted in Glasgow. In the first study, McGregor and Macaulay (2009) described a flexible arts based programme that supported young care leavers, who were also parents, to increase their confidence and self-esteem whilst also promoting bonding and attachment to their children through engagement with the arts. When putting together the programme, the practitioners envisaged that the young people may have been culturally excluded and denied access to the arts due to their journey through the care system and found that participation in the group alleviated social isolation by bringing together young people with a shared experience.

In the second study, Jackson (2015) shared a posthumous case study of a homeless client's journey in art therapy that highlighted the inequality and disadvantage that, in the therapists view, makes homelessness 'a silent killer.' The case study went on to describe how the therapeutic relationship offered a collaborative and supportive way for the client to explore the external factors as well as the life choices that had compromised their physical and emotional well-being. This demonstrated a commitment within the client to exploring their difficulties during a time of transition and heightened vulnerability that made it difficult for them to engage with health services that would have prolonged their life.

Whilst both of these studies were informative insofar as they described ways of working with service users who had likely been affected by various forms of inequality, they didn't explicitly explore the impact of poverty or present a model that was specific

to working in a context of multiple deprivation in Scotland and therefore did not resonate with my own practice in Lanarkshire.

All of the UK

Further searches that were widened to all of the UK also failed to highlight any research that related specifically to art therapists working in areas of multiple deprivation. Within the most recent art therapy literature, some practitioners have made important links to the detrimental impact that poverty has on poor mental health and the functioning of service users in their external environments out with the therapy room (Hills de Zárte 2014; Learmonth & Gibson 2010; Waller 2015; Wood 2010; Wood 2011). However, UK art therapy case studies that described poverty in any sense only highlighted it as a difficulty in service user's backgrounds that may have contributed to other difficulties that have brought them to use art therapy services such as; anger (Pittam 2008); offending behaviour (Liebmann 1994); or disrupted parent-child relationships (Case 1990; 2010). Whilst a few of the art therapy texts had poverty in the subject index (Campbell et al. 1999; Liebmann 1994; Wood 2011), the term deprivation was more common, and where deprivation was listed, it related to the absence of a maternal figure rather than material deprivation (Case 2003; Case & Dalley 2014; Case and Dalley 1992). Within detailed client case studies where poverty was discussed, there was limited exploration of any links poverty could have on a person's emotional well-being in the here and now, or how it might have impacted upon the focus or priority of therapy or altered the practice of the therapist.

For example, Aldridge (1998) describes her work with CYP from 'very poor homes' who are the third generation of their family to have 'lived on benefits.' Aldridge noticed that children were arriving for sessions 'physically hungry' and hypothesised that poverty affected 'the inner world of the child' which she recognised was part of a wider societal inequality, and which was manifest by CYP through a 'pre-occupation with

food' and making a mess that either resembled 'chocolate or shit' in therapeutic sessions. Through the use of art materials, CYP were able to express to the therapist their inner world and symbolically create the food that they seemed to be lacking. Aldridge then linked these themes to the work of contemporary artists in order to make sense of what she felt the CYP were trying to communicate. Whilst this paper was useful in giving some insight into how poverty may be explored by CYP in art therapy, and there were aspects of the children's explorations that were familiar to what I had witnessed in practice, there was no indicator of whether or not the presence of poverty altered the priorities and practice of the therapist in order to directly address the impact of poverty.

By linking the themes of the therapeutic work to the work of contemporary artists the author has an opportunity to comment on the lived experience of poverty and how poverty is depicted in contemporary art, as well as art therapy sessions. However, Aldridge draws parallels with the sculptural work of Rachel Whiteread (Ghost 1990 and House 1993) to highlight the children's relationships with the concept of home and space based on how they use the art materials in sessions. Whilst this is an interesting narrative, it diverts the focus away from poverty and how it impacts on the lives of the children she works with.



Figure 1: Ghost (1990) Rachel Whiteread ©



Figure 2: House (1993) Rachel Whiteread ©

Alternatively, Aldridge could have presented a narrative on poverty, multiple deprivation and poor housing by drawing on the Clapton Park Estate series by Whiteread in addition to her sculptural works. Poverty and multiple deprivation in contemporary art could have been further highlighted by Aldridge, by presenting the work of Richard Billingham, a peer of Whitereads, which depicts the artists own lived experience of poverty through candid photographs of his immediate family.



Figure 3: Demolished (Portfolio of 12) (1996) Rachel Whiteread ©



Figure 4: Untitled (RAL 6) (1995) Richard Billingham ©



Figure 5: Untitled (NRAL 13) (1996) Richard Billingham ©

In another example, Hastilow and Coyle (2008) present a case study of an adult with a learning disability in a medium secure custodial setting whose background is described as being 'blighted by poverty'. It seems as though the therapists involved in the case study felt that the impact of poverty was more significant than what the service user themselves considered, as the therapists described the service users experience of poverty as being just as detrimental to their well-being as 'sexual, emotional or physical abuse.' Despite comparing their experience of poverty to this array of abuse, there was no further detail in the case study on whether or not poverty was explored in sessions, if it was still a factor affecting the service user's well-being or if any interventions were offered to directly address the impact of existing poverty.

Another case study by Swainson (1990) described the setting up of art therapy groups in hostels for people who were homeless. The study briefly acknowledged the part that poverty played in the lives of service users but did not highlight whether or not this was explored in therapy. What the study did highlight was the impact that working with people affected by homelessness can have on the morale of staff, suggesting that it can lead to feelings of failure and hopelessness in the therapist, particularly in contexts where physical resources such as appropriate accommodation is limited. Swainson suggests that in order to overcome this, therapists must reassess their aspirations for change to make them realistic and to be able to celebrate small successes in therapy. Wood (1999a) states that in the context of the public sector, it should be recognised that art therapists are doing good work with people who may otherwise have been excluded from any form of therapeutic intervention and that practitioners working with disadvantaged groups may themselves be stigmatised by other art therapists who refuse to acknowledge the flexible service delivery needed when working with marginalised groups in this context, and instead favour an 'elitist' practice framework.

Europe

Two relevant studies were identified from Europe, both related to group work with refugees where practitioners seemed to default to flexible service delivery to meaningfully engage with participants affected by absolute poverty, which by its nature seemed necessary given the difficult contexts and transient circumstances of participants.

Haddad (2014) shares her experience of working with a group of adult refugees with multiple nationalities and languages in Barcelona over a number of years, which she describes as a testimony to the dilemmas she confronted as a therapist. As a starting point to the group, Haddad had felt it necessary to have a therapeutic objective as well as a way to communicate with the group, given the diversity of nationalities and languages. However, during the group process the need for a therapeutic objective became less important as the group had set their own objective which centred on communicating and raising awareness of personal experiences of human rights violations caused by persecution and war. It was felt by the group that previous attempts to capture this had been made by people with no lived experience of war or persecution. For Haddad, it seemed as though realising that the group were less interested in the therapeutic objective brought about feelings of questioning her own professional capacity and not feeling 'good enough' in Winnicottian terms (Winnicott 1953). Listening to the group and treating members as equals led to a shift in how she presented herself from wanting to be the 'good enough mother' and recognising that being the 'good enough sister' as requested by the group was more aligned to creating equality and restoring the power and control that persecution and war had robbed group participants of. This was a strong example of a therapist who was able to examine their own position and give up her power to create an egalitarian structure and facilitate a meaningful experience for group participants.

In the second study, Kalmanowitz and Lloyd (1997) present their work with child and adult refugees in the former Yugoslavia (now Bosnia, Croatia and Slovenia). The aim was to pilot short term art therapy groups in refugee camps to assess the feasibility of providing art therapy in a post war context using an action research approach. The findings of the project suggested that the areas that were still affected by war were unsuitable for providing art therapy as people were re-living the trauma of war on a daily basis. However in areas that were more stable, it was assessed that art therapy could be used long term if integrated with flexibility alongside existing supports. It was also found that providing art therapy groups in refugee camps gave children in particular a voice, as creativity could help to cross language barriers and allowed them to explore their multiple losses which were depicted by creating houses either through art, drama or play. The authors felt that the theme of houses also allowed the children to engage with age appropriate play, thus connecting with the healthy creative and resourceful attributes of childhood as well as 'alleviating the sense of boredom' that was felt in some of the refugee camps. This is an example of therapists working with children out with the traditional therapeutic space and being fully aware of the contexts in which children live which seemed to show that the therapeutic work was about allowing children to process and explore identities that connected with a sense of normality and tapped into the children's resilience instead of being focused on problems or deficits.

International Contexts

There were several papers mainly from the USA relating to providing art therapy to people affected by homelessness, which due to its subject matter could have been relevant to my practice in WCS. My initial assessment of these papers decided that as they mainly related to short-term group work with people in absolute rather than relative poverty they didn't seem so relevant to my practice. However, on closer

scrutiny, I felt their relevance lay in learning from art therapists who were able to question their own bias and be guided by service users in deciding the priorities for the therapeutic process, thus confirming the need for a flexible social justice approach with people affected by homelessness. For example, Nelson Braun (1997) presented a case study of an art therapy group that was offered to men living in a homeless shelter in Illinois on the premise that it should be flexible and service user led. The author acknowledged that being in the context of the hostel allowed for the difficulties of the men to be seen as real as opposed to making symbolic assumptions about their situation that could have been gleaned from their art. Furthermore, the experience of creating art allowed the men to connect with new artistic identities, as well as find a way to communicate personal and societal issues which promoted resilience and connection amongst people who had a shared experience of homelessness (Nelson Braun 1997).

Other studies from the USA suggested that art therapy groups can promote resilience amongst people who are homeless if the approach is equal and collaborative and focuses on the needs and assets of service users rather than an agenda set by the therapist that focuses on treating problems or deficits. For example, an art therapy group that facilitated quilt making for women moving on from homelessness found that the activity created a sustainable peer network for the women as well as supporting them to develop a skillset that could help them to generate income (Moxley et al. 2011). Whereas another case study by Allen (2007), described how a community mask making project allowed people who were homeless to work with the wider community to raise awareness of homelessness and raise funds towards their homeless shelter. The author reflected that although the project was successful, non-homeless participant's outweighed homeless participants which made the therapist question her own motives and conclude that the project was 'borne out of her own curiosity' rather than the needs of homeless participants.

Another study by Davis (1997) described the difficulties she encountered in setting up an art therapy group in a shelter for homeless women in New York. It seemed as though initially the therapist imposed her ideals on how the group should be run and noted that it was difficult encouraging the women to participate as they preferred to 'lie in bed all day' or 'watch daytime TV'. The therapist reflected that as soon as she addressed her own 'preconceptions' about homeless women and relaxed the rigidity of the group, she allowed herself to work with the needs that arose from the group. For example, allowing the studio to remain open in her absence throughout the night, and as a result, the women began to engage with the group in their own way. The therapist also noticed that the women preferred the more sustainable found materials collected from the local community, compared to the expensive store bought art materials provided by the therapist. This paper is an example of the therapist having to examine her own bias in order to address the potential oppression that may have been experienced by the women and ultimately created barriers for them engaging with the group.

In another study from Detroit, Feen-Calligan (2008) highlighted the responsibility of art therapy course providers to support trainees to become 'self-aware' and 'socially engaged' as well as gaining an understanding of 'broad factors' that affect health and well-being by volunteering with homeless people. As members of the helping professions, as it was identified that art therapists would need to understand homelessness in order to support and advocate for service users who were homeless. The author described the design of the therapeutic service as being flexible to meet the needs of homeless people, for example taking place in the evenings as the majority of homeless people were either in employment, or actively seeking employment. This study highlighted the value in art therapy trainees challenging their own assumptions about homelessness in addition to reflecting on their own 'middle class values' and recognising that if the perceived needs of homeless people were

based on the middle class values of the trainee art therapist, this could lead to bias and a power imbalance (Feen-Calligan 2008).

A further example from the USA suggests the therapist's background can alienate service users if personal experience is allowed to inform how needs should be met. This is exemplified by a group of 'middle-class and housed' art therapists who took the decision to withdraw a community group without consulting participants who were 'poor and homeless', which resulted in decisions being made *about* rather than *with* users of the art therapy service and demonstrated a failure of the therapists to address the power differentials that can exist between therapist and client (Hyland-Moon 2014). Whilst another paper from an art therapy course leader warns that the increased cost of higher education in the USA is putting the art therapy profession at risk of being unobtainable for some. This is due to the average cost of training in the USA now equating two year's salary for a graduate art therapist, increasing the likelihood of graduates being burdened with high levels of debt, which could result in the profession lacking diversity at the expense of users of art therapy services (Kapitan 2014). In the UK, however, Wood (1999a) acknowledges that although the profession has middle class roots, the clientele has largely been made up of people who use the public sector which has inadvertently aligned the profession to the lower socio-economic classes and suggests that there is now a wider 'class composition' of people who train to become art therapists as a result of the profession being state registered by the HCPC.

Accessing therapy has traditionally been a privilege of those of higher socio-economic status (Wood 1999a), which has made it difficult for the profession to respond to difficulties that arise from the 'breakdown in secure networks' that may arise from structural factors in society, which if addressed without consideration of culture and context can reinforce social isolation or make people feel that they are to blame for

their own problems. Therefore, sensitivity to the cultural contexts that inform the lives of service users should be a central theme in art therapy training and practice rather than being an 'add-on' (Waller 2015).

Meanwhile, an earlier paper from Gersie (1995), whom at the time was program director for a UK based arts therapies training course, suggests that exposure to poverty and discrimination is often alien to 'middle class' therapists who aim to facilitate change through their work with people living in impoverished contexts, who themselves are often weary of therapy due to experiencing some level of *corporate coercion* to engage with such services. Gersie states this could result in a misalignment between art therapist's and service user's understanding of what change is needed and how it can be achieved, particularly if the impact of difficult socio-economic circumstances is not linked to presiding mental health difficulties. It is suggested by Gersie that getting to know a service user's community is an effective way to support clients to effect change in therapy and that this should include support to change factors in their external as well as internal environments. According to Wood (2011; 1999a; 1999b) class is still something that informs people's identity and its absence from psychotherapeutic discourse as well as art therapy training courses means that the inner rather than the external world of clients remains the only focus of therapy.

There were several examples of art therapists whose work contexts allowed them to, as part of multi-professional teams, attend to the inner and external realities of service users. These teams were made up of therapeutic, medical and educational staff who provided psycho-social outreach services which included practical as well as emotional support to:

- Homeless street CYP in Mexico, some of whom were as young as two and without parental care (Andrade del Corro 2014);
- Displaced and marginalised CYP in Taiwan where the team travelled around in a van to identify affected CYP (Hsu Tsun-Wei 2014);
- Orphaned and homeless CYP in Kiev where support was offered in orphanages and shelters (Arrington & Yorgin 2011).

Although these papers related to working with CYP in absolute rather than relative poverty, they resonated with aspects of my practice of providing a flexible and needs led outreach service that was based on providing therapeutic support that is attuned with Maslow's Hierarchy of Need (Harper et al. 2003).

Organisational Contexts

It has been recognised that the work contexts of art therapists has evolved to the point that a peripatetic context will now be more common than a studio context (Case & Dalley 2014) as therapists travel to different clinics or schools or offer an outreach service in community bases or clients homes (Dalley 2014). A description of my own practice of providing a flexible outreach service and working with homeless CYP in their homes, included in the most recent Handbook of Art Therapy (Case & Dalley 2014), described how this way of working in clients homes could present barriers as well as opportunities. Whilst it helped to build trust and facilitate engagement during times of transition and financial hardship, it also required a constant assessment of risk and benefit as well as maintaining an awareness of safety and boundaries. Wood (2000) acknowledges that in difficult situations where people are affected by conflict or displacement it is not possible to have the containment and boundaries that a dedicated therapeutic space offers. However, for the safety of service users and therapists, Wood warns that practitioners should not accept 'post warzone conditions' in the public sector in the UK. The post warzone conditions that Wood referred to

could also resonate with the post-recession conditions that art therapists currently find themselves working in globally (Sajnani & Kaplan 2012).

The recent economic recession in the UK had a detrimental impact on government spending for public services (Scottish Government 2010). Recession is seen as the cause of the many problems faced by the helping professions in relation to gaps in funding (Saxon-Harrold and Kendall 1994). This puts organisations under increasing pressure to become more cost conscious and competitive in a bid to maximise and protect resources (Leat 1995; Lofquist and Lines 2009), resulting in a reduction in workforce (Randall 2004). Within the art therapy literature there are several references to the impact that the global recession has had on the profession, namely an increased job uncertainty due to short term and temporary contracts now being the norm (Huet 2012). This undoubtedly reduces availability and choice for service users (Wood 1999a), increases the stress levels of employees (Huet 2011), and has resulted in some therapists having to adapt and adopt a flexible approach to practice (Kapitan 2014). Workers from the caring professions, including art therapists, are more likely to experience work related stress during times of employment uncertainty, as they in turn work to meet the varying and complex needs of people experiencing distress, which can lead to employees as well as service users feeling powerless and isolated from society (Huet 2011). Furthermore, workplace counselling often fails to acknowledge the organisational factors that may contribute to stress levels and attributes blame to individual employees, which could lead to employees mirroring the powerlessness and oppression experienced by service users (Huet 2011). Thus, in the context of economic recession that is now 'shaping an entire generation of art therapists' (Kapitan 2014), it is necessary for the profession to realign itself with an evolving context of needs and challenges for which there are no practice guides. Therefore, it is vital for the profession to create new paradigms that address not only

emotional well-being, but identifies the origins of emotional distress, such as poverty and oppression, in order to create fully-contextualised art therapy practice that responds to the impact of social inequality on mental health (Wood 1999a) and treats it as a matter of social justice (Kapitan 2014).

Defining Poverty in the UK

In understanding poverty as a matter of social justice, it must be linked to wider social inequality (Mooney and Scott 2012), as unequal income distribution puts society at risk of increased social injustice (Morelli and Seaman 2012) which can lead to a rise in the number of people experiencing poverty (Townsend 1975). With an example being that during the 1990's, the DSS¹³ reported that the incomes of the top 10% of earners had increased by 70%, whilst the incomes of the lowest 10% of earners had fallen by 9% (DSS 1998, quoted in Burden 2000, P. 45). In the UK, the link between poverty and income inequality was established by Philanthropist, Seebohm Rowntree (1901) in his pioneering study conducted in 1899 into the poverty experienced by the working class in his native town of York, which found that poverty was largely as a result of inadequate pay (Burden 2000). Rowntree devised a minimum income standard, also known as the poverty line. This calculated what families would have to earn to provide them with 'adequate physical sustenance', and in doing so Rowntree defined poverty as either primary or secondary:

- Primary Poverty - Families whose total earnings are insufficient to obtain the minimum necessities for the maintenance of merely physical efficiency.
- Secondary Poverty - Families whose total earnings would be sufficient for the maintenance of merely physical efficiency were it not that some portion of it is absorbed by other expenditure, either useful or wasteful (Rowntree 1901, P.115).

¹³ The Department for Social Security (DSS) is now known as the Department for Work and Pensions (Dunn 2012)

Rowntree found that over half of the people surveyed experiencing primary poverty were in regular employment and that the problem of primary poverty was due to low wages, rather than being '*unfitted for, or unwilling to undertake any regular work*' (Rowntree 1901, P128). Secondary poverty, in Rowntree's opinion, was thought to be caused by unnecessary expenditure that was either *useful* such as newspapers or travel, or *wasteful* such as alcohol or gambling. Although Rowntree acknowledged the need for the working class to pursue leisure interests that were available to the wealthier classes, he appeared to take a moralistic view based on his Quaker values on what those pursuits should be. Nowadays, expenditure on leisure activities such as gambling and drinking, would be considered acceptable social norms in the UK, therefore, these concepts of primary or secondary poverty could easily be related to current definitions of absolute and relative poverty:

- Absolute poverty refers to the basic resources needed to survive and is defined as lacking the resources to feed, clothe and house oneself and dependents.
- Relative poverty refers to the standards of living in society at a particular time and is defined as being denied sufficient income to meet material needs and opportunities to take part in activities accepted as a part of daily life (McKendrick 2011d).

Eighty years after the publication of Rowntree's first study, Townsend (1979) published a national study of poverty in the UK that considered the need to measure what poverty meant for people living in rich and developed countries. Whilst Townsend acknowledged the importance of Rowntree's 1899 study, he also noted that these measurements of primary and secondary poverty were based on value judgements, such as whether study participants were clean and tidy or living in squalor. Townsend highlighted that these measurements of poverty lacked rigorous evidence on the minimum amounts actually spent on necessities such as food, suggesting that this was based on Rowntree's own experience of what he felt was adequate consumption and did not reflect the ordinary experience of the working class

(Townsend 1979). Further criticism of Rowntree's initial study questions why he had linked the poverty in the relatively affluent town of York to the levels of poverty recorded in 1887 by Charles Booth (1888) in his study of the East End of London (Glennister et al. 2004).

Therefore, a more accurate measurement of poverty, according to Townsend (1973; 1975) is to define it objectively rather than subjectively when describing the inequality of the conditions of families or households receiving much less than what is considered to be the average income for a person or family in society at any given time. This concept was defined as relative poverty by Townsend (1973; 1975; 1979), whereby individuals and families were considered to be in poverty when they lacked the financial means to have the standards of living or participate in the types of activities that is considered to be the norm for the society in which they live. For Townsend, relative poverty was influenced by the incomes, wealth, living conditions and expectations of the 'social elite' as this formed the determinant for inequality in society to cascade downwards (Townsend 1975). Croteau (1995) highlights that whilst social activists and philanthropists are able to advocate on behalf of the poor, they do not necessarily have a shared experience of poverty as they have the financial means and the time to enable them to devote to such inquiry, which may not be a possibility for people who are preoccupied with basic survival, thus creating a cultural construct that is alienated from reality. Townsend (1979) added that reliable measures, however uncomfortable, should be based on definitions of social conditions that can be substantiated rather than being informed by the value judgements of individuals or based on what is considered to be politically acceptable.

The definition of poverty offered by campaign groups and academics indicates that because poverty is a human experience its measurement and definition are complex and multi-dimensional and mobile or ever-changing so that how it is measured and

defined is dependent upon its human context (Bourdieu 1999; Joseph Rowntree Foundation 2013a). Predominantly, however, it is characterised as having a lack of sufficient resources such as income or material possessions, or a lack of capability to access opportunities that enhance quality of life and well-being (Aldridge et al. 2012; Boyden 2006; McKendrick 2011c; Wratten 1995). While Dickie (2011) suggests that a way to capture the lived experience is to look behind the bare statistics and ask what poverty means in terms of impact for the thousands of children affected as well as society as a whole. This was at least attempted by Rowntree when he compared the levels of poverty between his 1899 study with his second study conducted in 1936 and concluded that:

Great though the progress made during the last forty years has been, there is no cause for satisfaction in the fact that a country so rich as England, over 30% of the workers in a typical provincial city should have incomes so small that it is beyond their means to live even at the stringently economic level adopted as a minimum in this survey, nor in the fact that almost half the children of working-class parents spend the first five years of their lives in poverty and that almost a third of them live below the poverty line for ten years or more (Rowntree 1941, P.476).

Measuring Poverty in the UK

By the time of his second study in 1936, Rowntree (1941) had abandoned the measurement of secondary poverty and acknowledged that his ideas of what constituted 'obvious want and squalor' had changed significantly since 1899. Instead, Rowntree wanted to find out what had changed for the working poor in York and reported that the number of working class people living in primary poverty had halved since 1889. This was attributed to wages being around 35% higher, families becoming smaller, housing conditions were much improved and there was a growth in social security benefits for insured workers. However, heavy unemployment in 1936

accounted for 45% of people being in primary poverty compared to around 2% of unemployed people experiencing primary poverty in 1899. Rowntree then suggested that the only way to support unemployed people to overcome poverty was to find them work or increase the benefits that the unemployed could claim (Rowntree 1941).

Rowntree's concept of the poverty line in identifying a minimum income standard was incorporated in the Beveridge report in 1942 which led to the establishment of the welfare state (Burden 2000), and Rowntree's third study published in 1951 found that poverty had virtually been abolished in York due to the introduction of the welfare state (Rowntree and Lavers 1951). In reflecting on the making of the welfare state, Beveridge (1953) acknowledged that acute poverty in Britain was caused by 'interruption or loss of earning power and failure to relate family income to family needs' as a result of the inequality of wages. Beveridge suggested that acute poverty could be abolished by the redistribution of income through social insurance and was 'within the financial power of the community' of the working class rather than touching those of higher socio-economic status (Beveridge 1953, P. 306).

Rowntree's concept of the poverty line, which captured the minimum income that a family would need was calculated on the amount left *after* paying rent, has generally been used since to determine how poverty in the UK is measured (Burden 2000). Both the Westminster and Scottish governments classify people as living in poverty if their household income is below 60% of the UK median national income (McKendrick 2011a; McKendrick and Sinclair 2012). However, whilst Rowntree calculated the minimum standards *after housing costs* (AHC), current measurements of child poverty from the UK government calculate the minimum income standard *before housing costs* (BHC). According to the Joseph Rowntree Foundation, the Government measures of poverty detailed in the Child Poverty Act (2010) fails to capture the depth of child poverty as a result of the BHC measure (Aldridge, Kenway, MacInnes, &

Parekh 2012). There are four main measurements of child poverty according to the Child Poverty Act (2010):

- Absolute low income: The proportion of children living in households where income is below 60 per cent of median household income BHC in 2010/11 adjusted for prices (the target is less than 5 per cent by 2020).
- Relative low income: The proportion of children living in households where income is below 60 per cent of median household income BHC (the target is less than 10 per cent by 2020).
- Material deprivation and low income combined: The proportion of children who are in material deprivation and live in households where income is below 70 per cent of median household income BHC (the target is less than 5 per cent by 2020).
- Persistent low income: The proportion of children living in households where income is below 60 per cent of median household income BHC, for at least three out of the last four years (this target is the subject of a consultation)¹⁴

Currently in Scotland, where this study is focused, the most recent figures from 2013/14 state that the national median income is £24,000, which equates to £460 per week (Scottish Government 2015). Therefore children living in a family with an income of anything less than the median income are classed as living in poverty (Dickie 2012). Recent figures in Scotland have also shown that the amount of children living in relative poverty when calculated BHC is 14% or 140,000, whereas when calculated AHC, this figure increases to 22% or 210,000 (Scottish Government 2015). Secure and affordable housing is an important part of peoples material and emotional well-being and is the foundation of family life, however poor standards of housing contribute to material deprivation with a shortage of affordable housing driving people towards the private rented sector where housing costs can be high and conditions poor (Goulden 2013; Shelter 2012).

¹⁴ Since conducting this research the UK government has changed how it will measure child poverty with a focus on the root causes of poverty rather than income thresholds.
<https://www.gov.uk/government/news/government-to-strengthen-child-poverty-measure>

A series of photographs by Nick Hedges entitled 'Make Life Worth Living' were commissioned by the housing charity Shelter in the 1960's and 1970's in order to 'raise consciousness about the extent of unfit living conditions and to illustrate, in human terms, what the real cost of bad housing was' (Shelter Scotland 2015).



Figure 6: Sisters sharing a chair in a Gorbals slum tenement (1970) Nick Hedges ©



Figure 7: Father and children Gorbals tenement (1970) Nick Hedges ©

Shelter states that private renting is no longer a lifestyle choice and that one in five families in the UK now rent their home (Shelter 2013). Housing costs account for the most direct impact of housing on poverty and material deprivation as they are a substantial portion of people's household budgets, hence the need to measure poverty after housing costs to realistically ascertain the amount of disposable income that families have (Goulden 2013;McKendrick 2011a; 2011d;McKendrick & Sinclair 2012). Housing benefit reforms implemented as a result of the Welfare Reform Act (2012) are thought to contribute to the increase in the number of children living in poverty when calculated AHC. This is because housing benefit may not cover the actual cost of rent for people living in privately rented accommodation or for people residing in the social rented sector who are liable for paying the 'bedroom tax' (Scottish Government 2015).

Attitudes Towards Poverty

Welfare reform is considered to be a key policy for the UK government to address the spending deficit following the global financial crisis in order to reduce 'welfare dependency' and support people to make the transition into employment (Manzi 2014;UK Government 2012). However, academics and campaigners argue that welfare reform is likely to put some of the most vulnerable into deeper levels of poverty (Beatty and Fothergill 2013;Joseph Rowntree Foundation 2013c;Scottish Campaign on Welfare Reform 2013). For example, the implementation of Universal Credit under welfare reform (where a single payment of the combined benefits of a household and its occupants will be paid to one main recipient) is likely to have a significant impact on women affected by domestic abuse, as it could further reinforce existing financial oppression that is a common characteristic of domestic abuse (Engender 2015a; 2015b;Howard and Skipp 2015;Scottish Government 2013c).

In addition, welfare reform has contributed to a reinforcement of hardening public attitudes towards the poor (Scott Paul 2013), which has the potential to influence misplaced bias towards welfare claimants and fuel class prejudice and social inequality between the 'deserving' and 'undeserving' which was typical of the Victorian era (Valentine 2014). An example of class prejudice can be seen in the image below, a Christmas card sold by retailer Clinton Cards in 2014 which they were forced to withdraw following a backlash on social media regarding the pejorative stereotyping about people who live on council estates (Iqbal 2014).



Figure 8: Christmas Card (2014) sold by Clinton Cards ©

Dorling (2010), suggests that inequality is perpetuated by attitudes in society of those in positions of power, rather than as a result of a lack of resources which he illustrates by reframing what Beveridge (1942) described as the 'five giant evils' of; want, idleness, ignorance, squalor and disease and replacing them with his own 'five tenets

of injustice': elitism is efficient, exclusion is necessary, prejudice is natural, greed is good and despair is inevitable. These five tenets for Dorling, conveniently advocate that poverty is a given factor that will always exist in society, which is promoted by privileged institutions who benefit from reinforcing the inequality between rich and poor by championing anti-welfarism and labelling those experiencing poverty as *'feckless, wanting, immoral and criminal.'* Furthermore, the derogatory stereotyping associated with anti-welfarism has the potential for people experiencing poverty to feel reluctant to identify themselves as being poor for fear of being labelled and not being treated with dignity or respect. For example, Burden (2000) argues that an important cause of poverty is the failure of the benefits system to ensure that everyone who is entitled to claim benefits actually receives them. Burden (2000) suggests that the means testing of benefits serves to put people off claiming as a result of the complexity of the procedures, humiliation and the level of personal scrutiny involved which creates a poverty trap. Segal (2007) suggests that economic disparity in rich and developed countries from those who earn the least to those who earn the most has created a 'crisis of embedded poverty' where those at the top are disengaged from the poorest people and completely oblivious to the lived experience of their financial struggles. Segal goes on to suggest that people in poverty are rarely in contact with their financially stable counterparts which leads to segregation by 'income and class' and adds that politicians who lack personal experience of poverty and welfare are in danger of constructing policies that are more aligned with the perceived rather than the actual reality of poverty.

Anti-welfarism has also contributed to widening inequality, deepening social division and polarised views regarding the causes of poverty (Taylor-Gooby 2013). For example, it is known that parental employment status is a main driver for child poverty, which includes employed status as well as unemployed status as more than half of

children in poverty have at least one parent in paid employment, according to the JRF (2013a). Research has also found that lack of work, low paid work and unreliable working hours significantly contribute to the UK's current high level of child poverty (UK Government 2014; Goulden 2013), and children who live in lone parent families are at greater risk of poverty due to increased barriers for parents accessing the labour market (McHardy 2013b). However, a social attitude survey conducted in Scotland found that 29% of people attributed parental substance misuse as the main cause of child poverty, whilst 87% of people felt parental substance misuse was a contributing factor and more generally, 72% of the people surveyed attributed child poverty to parents 'not wanting to work,' which for McKendrick (2014a; 2014b), signifies a widespread attitude of 'victim blaming' that doesn't take into consideration the wider structural issues relating to child poverty. Anti-welfarism and victim blaming of the poor has been further influenced by disproportionate and voyeuristic 'poverty porn' and 'benefits bashing' media reporting that stigmatises benefits claimants and stereotypes them as being part of a 'dependency culture' (Taylor-Gooby 2013; Black 2015; Mooney 2011; Mooney 2014; JRF 2013b).

The term 'dependency culture' is often used as a short-hand term to advert to a particular condition and a population imagined to suffer from this condition i.e. people who live from welfare state benefits and who over time become dependent upon these 'hand-outs' or charity from the public purse; a purse to which it is imagined they have not contributed in the past (Dean and Taylor-Gooby 1992). This term is considered by anti-poverty campaigners as pejorative insofar as it suggests that people who claim state benefits belong to a stigmatised 'underclass' (Dean & Taylor-Gooby 1992; Lister 2002). This term emerged from a much earlier literature from the 1960s and in particular from the ethnographic work of Oscar Lewis and his *Children*

of Sanchez (Lewis 1961). It was Lewis who coined the phrase 'culture of poverty' to account for persistent inter-generational poverty.

Bourdieu (1999) cautioned against adopting simplistic opinions regarding difficulties in society which people have no personal experience of and which are instead fuelled by dominant media discourse and advocates that society should consider the multiple and complex perspectives in order to articulate co-existing as well as contradictory realities. Bourdieu also highlights that professions whose remit is to 'deal with poverty' should examine the distortions that may exist within their own perspective (Bourdieu 1999). Asking art therapists who participated in this study how they would define poverty was important for me to understand the individual attitudes of professionals towards poverty as well as collective professional attitudes which may be multi-faceted or contradictory. Differences in opinion about poverty can be seen below in the two extracts from informants Alison and Katrina. Alison presents a definition of poverty that seems aligned to Rowntree's definition of primary poverty and appears to acknowledge the struggles that people can have when their income is inadequate:

I think perceptions of people who experience poverty, especially popular perceptions are massively underestimated because the common things I would tend to see with the families I work with would be people not having enough food, people not having money to pay their power bills, people in social housing would have some protection over where they are staying but then if there is domestic abuse, that gives people less choices in terms of how they choose to act.

Whereas Katrina's opinion regarding poverty is more related to Rowntree's measure of secondary poverty and suggests that wasteful spending may be a contributing factor to not being able to afford the basics:

I always think poverty is a really questionable thing and there's almost poverty culture. Because people can live in a poor area where nobody works, they're

all in poverty but then you still see families that have things or have decent food.... Sometimes they'll say they've got things and I just think 'oh my goodness' how did they manage that? For example, they'll have a dog and it could be an £800 pedigree but they're drinking out of jam jars so there's this really kind of skewed sense of what's right or normal, it's just bizarre.

In light of sociologists such as Bourdieu (Bourdieu & Wacquant 1992) arguing that the poor are complicit in their oppression, this raises the question whether, in their conception of their therapeutic goals, how do art therapists, like Bourdieu, recognise a client having to break with what might be called their 'poverty self.' In this regard, do art therapists have room in their model of therapy for breaking with the notion that the self is to be unconditionally affirmed? These quotes highlight polarised yet multifaceted views from two practitioners of how people prioritise spending their income and what they regard as necessities is subjective and relative to what they feel they need to physically survive as well as participate in society. This is akin to the process of individuation through consumption that is enjoyed by those more affluent (Bradshaw 2008) with one practitioner perspective stressing inequality whilst the other quote emphasises a poverty culture.

According to Townsend (1979) the criteria used to distinguish the culture of poverty were formulated in terms of 'middle-class values' which has led to unconscious and collective bias. More recently, Segal (2007) has described how the phrase poverty culture is used as a means of structuring the perception of poverty as related to the personal behaviour of the poor person and how it is accompanied by the assumption that people have the opportunities to be economically secure but instead make bad choices that keeps them trapped in a culture of poverty that means they come to accept this as their norm and lack the cultural means and motivation to change. Poverty then is the result of both cultural and individual failings which are attributed to the choices and behaviours of the accultured individual. However, Segal (2007)

advocates that rather than focusing on the failures of the individual and the sub-group experiencing poverty, the external macro and structural realities – such as the shift in the 1900s and 1990s from an industrial based to a service-sector occupational landscape – should be added to any account of poverty along with a lack of opportunity which present barriers to people accessing resources necessary for participation in the economic life of society.

Multiple Deprivation and Inequality

Scotland has been described as being ‘disfigured’ by poverty, disadvantage and deindustrialisation (Mooney 2014; Walsh, Taulbut, & Hanlon 2009). Small area concentrations of multiple deprivation across all of Scotland are identified through the Scottish Index of Multiple Deprivation (SIMD). The SIMD states that “although poverty and deprivation are used interchangeably, deprivation is defined more widely as the range of problems that arise due to lack of resources or opportunities” (Scottish Government 2012a). The SIMD (2012a), then, takes a holistic view of poverty and provides a multi-dimensional measure that is determined by several indicators¹⁵ which are grouped into the following seven domains; income, employment, health, education, geographical access, housing and crime to identify concentrations of deprivation across Scotland in small areas called datazones. The SIMD ranks datazones from numbers 1, the most deprived area, ranging to 6505, the least deprived area with each zone containing approximately 350 households and an average population of 800 people. Depending on location, datazones may only cover a few streets in urban locations or a wider area covering several miles for rural areas. One of the uses of collecting data for areas this size is to help identify concentrations of deprivation that may otherwise be missed using larger units of analysis

¹⁵ The methodology used to measure the SIMD is located in the Appendix

(McKendrick 2011a; Scottish Government 2012b). The figures from the 2012 SIMD¹⁶ show that Glasgow, Scotland's largest city, where several art therapists who participated in this study work, has the highest concentration of areas of multiple deprivation (Scottish Government 2012a; 2012b), with the five most deprived areas of Scotland in 2012 being located in Glasgow City and Renfrewshire (some 8 miles West of Glasgow). Below and overleaf are paintings by Scottish artist John Byrne which reflects on his experience of growing up in Ferguslie Park in Renfrewshire where the most deprived datazone in Scotland is located recorded on the 2012 and the 2016 SIMD.



Figure 9: Wee Storie Street (2015) John Byrne ©

Statistics show that people born in deprived areas of Glasgow experience more health inequalities and have a lower life expectancy than that of their counterparts living in more affluent areas (Hanlon et al. 2006; JRF 2013; McKendrick 2011b; Audit Scotland 2012). This is echoed in the findings of The Child Poverty Action Group (CPAG) who have found that children living in households with low income are at risk of

The SIMD is updated every 3 years and the research for this thesis was collated during the period of the 2012 SIMD. The most recent SIMD was published on 31st August 2016.

experiencing lower levels of mental well-being than that of their peers living in households with the highest income (Dowler et al. 2001;Howard et al. 2001;McCormick and Philo 1995;McKendrick 2011b).



Figure 10: Skullduggery (2015) John Byrne ©

Glasgow's record for being an area with the highest levels of multiple deprivation and health inequality compared to other parts of the UK has led to the phrase 'The Glasgow Effect' being coined (Walsh et al. 2010) and has been well documented by public health policymakers and the media and leading senior public service figures and policy makers. For example, former Detective Chief Superintendent John Carnochan of the Violence Reduction Team at Strathclyde Police stated:

"In Scotland, and Glasgow in particular, we have some of the most socially deprived areas in the UK....That is where most of the violence occurs, that is where most of the violent offenders live and that is where most of the victims live. It's also where people have the poorest health outcomes, the worst educational outcomes, the poorest job prospects and the least aspiration (Carnochan 2008)."

Likewise, the previous Chief Medical Officer for Scotland, Sir Harry Burns, asserted that in WCS there is a correlation between poverty and poor health:

“As a Doctor I never once wrote a death certificate that said the cause of death was living in a horrible house or unemployment. People die of molecular events, such as proteins coagulating in arteries and causing heart attacks and strokes. Yet, we know that poor social conditions lead to poor health and premature death (Burns 2012)”.

For Burns, then, the cause of premature death amongst people affected by multiple deprivation is related to a ‘psychosocial condition’ and he refers to a study carried out by the Glasgow Centre for Population Health (2011) that compared life expectancy of WCS with European countries which had experienced similar industrial decline. This study found that Poland had the highest level of life expectancy but also enjoyed a strong sense of family cohesion. Similarly, Dr Carol Craig from the Centre for Confidence and Well-Being (2007; 2010; 2011) has put forward the idea that poor health in WCS cannot be attributed wholly to deprivation and suggests that complex family relationships and the lasting impact of deindustrialisation may have wider social implications that undermines well-being and the happiness of families and communities (Deacon 2011).

When assessing poverty and family life, researchers have stated that the impact that women’s poverty has on child poverty cannot be separated (Guy et al. 2014) as the inadequacy of welfare benefits makes it more difficult for mothers to safeguard their children from financial hardship (Sharma 2005). Therefore policies that tackle economic and social well-being have to be ‘gender aware’ if they are to align (O’Hagan 2014). Furthermore, when assessing the impact of poverty on the lives of children and young people a number of factors have to be taken into account including power differentials and adult dominated perspectives (Goulden 2013; Morrow & Vennam 2015). Hence, any framework that measures poverty has to have separate measures that capture the experience of CYP as they are not seen to be responsible for their situation (Morrow & Vennam 2015; Taylor-Gooby 2013).

Impact of Poverty on CYP

As stated earlier, the latest figures show that 21% (210,000) of Scotland's children are officially recognised as living in poverty and the Institute for Fiscal Studies predict that this figure will increase to 30% by 2020 (Dickie 2012). It has been well researched that poverty affects both children's current experiences (e.g. poor health, lower educational attainment) as well as their future life chances which could leave them at risk of experiencing poverty in adulthood (Goulden 2013). In considering the factors that impact on the well-being of children affected by poverty, it was found that *deprivation*, which is defined as not having access to resources and opportunities that are an expected part of daily life, is perpetuated by financial barriers in low-income areas (Power et al. 2011). Poverty analysts have also found that children require more than income and material goods to promote their well-being including; good education, as well as enjoyment of school that is free of bullying; safe and supportive family life; parental employment; access to public transport; and social and cultural experiences, all of which should be seen as a right, as well as a need, to safeguard children's life chances (Kumar 1993; Oakley and Tinsley 2013; Withington 2011; JRF 2013a).

Furthermore, several other researchers (Feeny and Boyden 2004; Hardgrove et al. 2011) have claimed that there exists a discrepancy between the conceptualisation of poverty and how it is actually experienced by children. They also suggest that poverty makes children more susceptible to feelings of anxiety about social acceptance and being stigmatised as a result of not being able to access social activities, so that shame and humiliation and withdrawal behaviours are associated with experiencing poverty which may be just as detrimental to children's well-being as lack of financial resources (Scheff & Retzinger 2000). For children, then, poverty can result in a patterning of social interactions among peers that is difficult to cope with to the extent

that their lived experience is viewed as unacceptable in that poor children consider themselves as not being able to lead a normal life and socialise and participate and belong normally to their community (Eyber & Ager 2003;2004;Green 2007;Stitt and Grant 1993).

Well-Being is characterised as a state of happiness that is derived from experiencing optimistic situations that transcend financial prosperity (Diener et al. 1999), enjoying autonomy, personal growth and positive relationships with others (Ryff 1989), and having an ability to adapt to positive situations as well as adversity (Diener 2000;Thomson et al. 2012). Children, then, require more than income and material goods to promote their well-being (Kumar 1993;Oakley and Tinsley 2013;Withington 2011). Therefore, in order to better understand the impact of poverty on children and young people, practitioners and policy makers cannot merge the experience of poverty with well-being, instead should implement the provision of holistic psychosocial support services that can mitigate the material cause and effect of poverty (Ecclestone and Hayes 2009). Burns (2012) usefully considers what happens to children's well-being when the psychosocial factors associated with poverty impacts on their lives. His view is that poverty can impact upon the well-being of a child if their world is chaotic, as such financial instability within their domestic context which can lead to behavioural problems and the child feeling they have no control over their situation. Burns introduces the theory of Antonovsky (1979) who wrote extensively about the development of *resilience* of children in concentration camps and links Antonovsky's theory of 'coherence' as a factor that promotes resilience. Burns goes on to suggest that 'children who develop a sense of coherence and are able to make sense of what is happening to them' are more likely to develop the internal resources needed to survive adversity. He adds that in dealing with psychosocial issues that impact on health and well-being, psychosocial interventions

would be more appropriate than health improvement interventions and calls for 'life improvements' that will help to build capacity and resilience (Burns 2012).

Psychosocial approaches respond to need through a combination of psychological support that addresses emotional well-being and cognitive development along with social support that addresses the capacity to form relationships and follow social norms (Loughry and Eyber 2003). Appropriate interventions including art therapy, psychotherapy, counselling, psychology and occupational therapy, could be effective in supporting individuals and families to overcome adversity and promote well-being (Kalmanowitz and Lloyd 2011;Wood 2011). Creativity can support children to have an awareness of how they perceive themselves and others and can also be a useful way to explore sensitive issues in a way that is interactive and non-threatening, which can help to develop positive relationships as well as effect personal growth and change in order to develop resilience and increased well-being (Boronska 2000;Case 1987;Case 2005;Case 2010;Hobday and Ollier 2005;Huss et al. 2012;McGregor and Macaulay 2009;Rubin 1984;Waller 2006). Children affected by poverty may be able to develop a sense of coherence through art therapy by offering an opportunity to validate traumatic experiences and externalise feelings that may feel chaotic through creativity (Aldridge 1998;Case 2003;Case and Dalley 1990;Mills and Kellington 2012;Murphy et al. 2004;O'Brien 2003). Art therapy is an intervention that may also empower isolated and marginalised groups by giving them a voice and an opportunity to engage in the creative process which could equip people with the inner resources and problem solving skills needed to deal with adversity (Allen 2007;Gersie 1995;Heenan 2006;Huss 2012;Kalmanowitz and Lloyd 1997;Kalmanowitz and Lloyd 2005;Learmonth & Gibson 2010;Moxley et al. 2012;Reynolds and Hean Lim 2007;Slayton 2012).

In considering how art therapy exists as a psychosocial intervention, I have found it useful to test Hocoy's conception of art therapy as a tool for social action along with his proposal that art therapy and social action may be linked through the power of the image, which has the ability to demand a response to adversity or injustice by bringing awareness or consciousness to bear upon such realities of personal as well as collective suffering so that action becomes a real possibility (Hocoy 2005a). Similarly, for Hocoy, the therapeutic relationship is imagined as a tool for social action that allows client and therapist to experience societal dynamics on a micro-level; that in order to empower clients and change behaviours or challenge injustice, the therapist must be aware of their own power to prevent oppression being reinforced through the therapeutic relationship (Hocoy 2007). Power can be addressed, according to Wood (1999a) by therapists acknowledging difference and scrutinising the frame in which we view art therapy in addition to being mindful of what it means for a client to have lost power (Wood 2011). Acknowledging power differentials also facilitates trust and engagement (Mortenson & Dyck 2006; Wood 2011). So having an awareness of the impact of social injustice beyond the internal world of the client allows the therapist to 'see the bigger picture' and taking a contextualised approach that promotes a more holistic view of what is therapeutic and what is necessary for the exercise of agency and the development of resilience and well-being (Sajnani & Kaplan 2012). To achieve a contextualised approach, colleagues from social work would argue that it is essential for practitioners to gain a cultural awareness of communities they work in where CYP and families live, in order to understand how structural factors such as living in areas of multiple deprivation could affect the wellbeing of CYP (Jack & Gill 2003), because if professionals understand the nature of people's struggles, then they are better equipped to respond to them (Segal 2007). However, professionals and their employing organisations have to be realistic about what level of change they are able to achieve, particularly when difficulties are compounded by a lack of government

resource to deal with internal as well as external factors for CYP and families who are economically disadvantaged, which could mean that there is the expectation that front line staff have the onus to modify their practice at the risk of being expected to carry out tasks beyond their remit and responsibility (Jack & Gill 2003).

Similarly, Wood (1999a) states that whilst the majority of art therapists will take a contextualised approach in that they may not be able to ignore the impact of poverty as conveyed by the client, nor will they be able to confine socio-economic circumstances to the therapeutic space, the remit of therapeutic work should not substitute the need for broader social change, which can create inner conflict for the therapist as well as other public sector workers. Instead, Wood suggests the profession must support the emergence of clear ideas of how to proceed in practice when responding to the internal as well as external needs of people from diverse socio-economic backgrounds.

Chapter Three Methodology

The intervention central to this research is art therapy, which is defined as a form of psychotherapy that uses art media and creativity as a way to communicate thoughts, feelings and experiences that may be too difficult to put into words (Case & Dalley 1992; Waller and Gilroy 1997). Wood (1999a) states that if art therapy is to maintain its foothold in the public sector and be accessible to a broad range of clients from a variety of socio-economic backgrounds, then it must support the emergence of new practice, in addition to maintaining viable services which can be evidenced for their efficacy. This highlights a need for more art therapists to share their evidence and practices and attempt to tackle the thorny question of how to demonstrate the effectiveness of art therapy to help secure the continuation of service provision and employment opportunities (Gilroy 1992; 2006). Limited empirical research on the efficacy of art therapy may put the profession at a disadvantage (Reynolds et al. 2000; Wood 1999b), particularly during the current climate of public sector spending cuts (Huet 2011).

Whilst a lack of rigorous research does not necessarily equate to a lack of knowledge (Gilroy 2006), efficacy and change that happens as a result of any psychotherapeutic intervention is often very subtle and notoriously difficult to evidence in a 'positivist' empirical sense and may be overlooked or considered insignificant and impossible to measure with any rigour, and yet the impact of change upon the client may be decisive (Kapitan 2010; Pounsett et al. 2006). Therefore, art therapists' concern with phenomenological or qualitative inquiry into human experience (Borowsky Junge and Linesch 1993) has produced a tradition of case studies that share a concern to capture ideas and intuitions to develop theoretical perspectives upon the basis of

professional practice so as to model 'best practice' (Edwards 1996; Edwards 1999; Gilroy 1992).

In my research I wished to explore this contention and address some of the identified gaps in the literature by gathering practitioners' testimony and exploring their perspectives to consider whether art therapy can be a flexible intervention that supports contextualised practice that is able to meet a range of internal and external needs and facilitate change (Waller 2006) for children experiencing relative poverty and living in areas of multiple deprivation.

Research Paradigm

This chapter defines the qualitative research approach that has been taken in the study and describes some of the epistemological positions taken as well as giving an account of the critical social ontology (Gorski 2013c) that underpins my approach. According to Barron (2006) the basic choice when conducting social science research is between *quantitative* and *qualitative* approaches or some admixture of the two, with the former being described as a *deductive hypothesis testing* method and the latter being described as an *inductive hypothesis generating* method (Gilroy 2006).

Quantitative studies routinely test ideas or hypotheses that are clearly understood or take as their research object something that is determined and fixed prior to entering the field and tend to be associated with a positivist epistemology, which is able to measure 'real world phenomena' through numerical values (Garwood 2006). An example being that the efficacy of a community youth project could be measured by gathering data at regular intervals to monitor the number of youths who continue to be engaged in anti-social or offending behaviour, which could then be understood through statistical analysis (Garwood 2006). However, the quantitative paradigm has been criticised for failing to investigate social contexts or recognise participants as

social actors (Garwood 2006), which would give insight into the actors own views of real world phenomena that is free of the preconceived ideas of the researcher (Sumner 2006) and instead allows ideas about their own reality to emerge (Gorski 2013a), such as the varied and complex reasons for youths engaging in anti-social or offending behaviour.

In contrast, the qualitative type of research is normally associated with an interpretive epistemology (Ormston et al. 2013) and is concerned with privileging the point of view of the social actor(s) by exploring in some depth the lived experience of a limited number of participants, in order to access aspects of social reality and human experience that are often difficult to substantiate, or which are not clearly defined and so require a determined effort to access (Barron 2006). For example, qualitative enquiry is able to capture the lived experience of children affected by poverty by exploring subjective accounts of material deprivation (Taylor 2008). However, a criticism of qualitative research is that capturing lived experience using methods such as reflexivity and field work relies heavily on subjectivity which makes research vulnerable to bias and lacking scientific rigour (Gilroy 2006). An example being the ability to capture the frequency and longevity of child poverty, as seen in the quantitative methods used to measure child poverty status over the course of childhood in the British Household Panel Survey (Taylor 2008). In contrast and in support of the richness that subjectivity can lend to qualitative inquiry, Gorski (2013a) advocates that if the perception of an aspect of 'the social' by social actors is often the result of their biases and prejudices, then these factors also play their part in the interpretations of qualitative researchers. Gorski (2013a) continues that varied perceptions of social phenomena can be interpreted according to the stance of the social actor as well as the researcher who would study social actors.

In addition to the often 'slippery' and 'vague' research object that qualitative inquiry often seeks to gather data on, qualitative enquiry is also routinely characterised by difficulties in interpreting and evaluating data (Law 2004) as often, the interpretations offered by qualitative researchers are viewed as subjective and non-objective, and non-representative and non-scientific (Gilroy 2006). Furthermore, qualitative research is a means to investigate aspects of social phenomena that cannot easily be measured or quantified, with the focus being on the adequate interpretations of social phenomena (Sumner 2006). Phenomena which is highly context-dependant (Kapitan 2010) to the extent that, should the researcher not immerse herself into such a context and learn it, she stands little chance of being able to articulate a competent interpretation of how social actors relate to a particular social context (Touraine 2000), such as art therapists working in a range of contexts of multiple deprivation.

In light of my specialist area of study, then, a qualitative approach was deemed best suited to capture the necessary data which involved exploring the professional experiences of a small cohort of art therapists by gathering in-depth insights into their work. The principle data-gathering method was semi-structured interviews in order to gather participant's views. In addition to this principle data-gathering method, supplementary contextualising data was gathered that drew upon my own personal and professional exposure to the fields of art therapy and contexts of multiple deprivation. While this study was not a classic ethnography, my own lengthy 'fieldwork' in the kinds of settings in which my participants worked is something I have drawn upon, therefore the research design was heavily reliant on ethnographic methods.

Social Ontology

Before I deal with epistemological and methodological issues there is firstly to be settled the question of my ontology. Ontology is the study of being as well as the nature of reality and truth and, by definition, everything that exists (Ormston, Spencer, Barnard, & Snape 2013). However, there are clearly not only many realities, but many ways of being real, or many kinds of reality and different ways of being, therefore reality can be experienced as multi-faceted and ambiguous (Lawlor 2005). For example, then, there are extra-mental realities that are physical and objective and 'given' by nature. In this regard, the physical or natural sciences study the physical world of rivers, trees and planets, and such sciences are often able to generate high levels of truth and objectivity as the objects of their attention are capable of generating a high degree of 'data consensus,' as nobody normally doubts their existence and a high degree of agreement can be produced about their properties (Hegelund 2005). However, unlike the realities of trees, rocks and planets that are objectively given by nature, the human realm of culture or meaning is not a reality that exists independently of human consciousness and human social interaction (Jung 1963).

Moreover, not everything that exists and which forms part of 'that which is' can be physically seen and touched and agreed upon in light of the fact that there are purely mental realities, such as ideas and meanings or perceptions which are not objectively given by nature, but nevertheless still exist (Scheff 2011). Hence, I draw a sharp distinction between ontology in general and social ontology (Gorski 2013a) or that 'fraction' of reality that is a generic realm which human beings are so much invested in and which they bring about as a result of their practices, social interactions and language. If much of human reality is concerned with purely mental or non-physical realities, then it is hardly surprising that social scientists have historically been much concerned with carving out social ontologies, but also ways of understanding human

reality and paradigms that reflect this i.e., epistemological positions which aim to investigate whether a 'science of meaning' that captures human reality is possible as well as employing the practical means of achieving such a science (Gray 2014).

As already indicated, the very possibility of 'science of meaning' may largely be more an ideal of knowledge that may never be achieved in light of the interminable difficulties in creating consensus as to the meaning of non-physical events (Gorski 2013c), and an understanding of why this difficulty prevails is of some importance. In my own research context, understanding a set of practices and being able to make complex judgments as to the effectiveness of an art therapy practitioner to change a given therapeutic situation and securing consensus as to the validity of that judgment faces serious difficulties. For example, where do correct interpretations of definitions of poverty or the experiences of working in contexts of multiple deprivation emerge? From the social actor or from the qualified interpreter? The lived experience of the social actor gives him or her a privileged hermeneutical insight to which the analyst must interpret (Gray 2014).

Moreover, ethnographers (Hammersley and Atkinson 2007; O'Reilly 2012) suggest that the analyst brings a theoretical perspective that means the objective truth of a social practice normally escapes those immersed in social practices or those immersed in what Levi Strauss famously termed the "swamps of experience" (Rainbow and Sullivan 1979)¹⁷. This could be understood through the art therapists' interpretation of what she does in practice being informed by the professional realm of therapy which prevents her consciousness from casting an objective view upon her practice, thus making room for the analyst to legitimately break with the informant's interpretations of their art therapy practices and their effectiveness in a given context

¹⁷ Rainbow and Sullivan 1979, p.10-11

of multiple deprivation. Furthermore, my own position is a dialectical one that simultaneously privileges the social actor's point of view and reserves the right to break completely from the limitations of the art therapy practitioner's viewpoint and their interpretation of poverty and contexts of multiple deprivation. Sociological theory is built upon the position that lived experience can only register a fraction of the range of forces that are operative in the social actor's life because there are macro structural processes that are real and objective and inter-generational in their impact and which never appear in the social actor's experience or discourse (Gorski 2013c).

For my participants this could include structural processes such as de-industrialisation, affluence, or occupational mobility etcetera. Finally, in addition to such macro processes that legitimise a break with informants interpretations (Gorski 2013b), there are other subtle yet vast realities that are part of a 'socially established code' to be interpreted and which are neither linguistic or obvious but are nonetheless part of the social actor's reality and are only ever embodied or sensed as part of the background and never put into words (Geertz 1973). An example being the communities of multiple deprivation in which participants work or the elusive indicators of poverty that may go unnoticed.

In constructing my object of research, then, I am sensitive to the fact that what is able to be articulated by a practitioner reflecting upon her professional practice in a situation of material poverty is only a fraction of what is impacting upon her practice. I am also mindful that intangible factors such as time and years of experience structure an individual's perception and yet are never given to the actor's awareness, which is consistent with a 'relativist' ontology and 'interpretative' epistemology (Guba and Lincoln 1994).

Epistemology

Epistemology can be understood as a branch of philosophy that deals with knowledge and its justification (Gray 2014). Research that typically relies upon the views of the participants being studied and which also incorporates the background and experiences of the researcher is defined as an interpretative epistemology (Mackenzie and Knipe 2006). From the 1970s and 1980s the social science saw the demise of positivist epistemologies and the rise of what is known as the interpretive turn (Howe 1998; Rainbow & Sullivan 1979). Sociologists, then, have made a break with empiricism which may be likened to a concern to establish objective facts and accurate descriptions of events. For the interpretivist, however, a description of events or observable happenings is indeed necessary as sociology is an empirical science, but unless and until an explanation of observed events is achieved and their meaning given, no satisfactory understanding is possible (Geertz 1973). This search for explanation or understanding then is the essence of what Max Weber meant by the word '*verstehen*' when trying to capture that which the social researcher needs to access when conducting social inquiry (Martin 2000). Moreover, as I share the view of interpretivist sociologists who advocate that people and their behaviour are not causally determined by forces but motivated by meaning, I highlight that meaning is very much at the heart of my own research into practitioner perspectives of working in contexts of multiple deprivation.

This emphasis upon the practices of art therapists and the meaning of such practices then emerges from my own conviction that, in the spirit of the likes of Alistair MacIntyre (1988) and John Law (2004) and Pierre Bourdieu (1977), I too am sceptical of the

positivist view that knowledge, in order to qualify as valid information, must be formalised and transmitted as objective propositions.

This means the interpretation of my data is not objectively 'out there.' In this regard, Laing (1982) has observed that "experience is not an objective fact...No experiences, ordinary, everyday, usual or unusual...are objective facts."¹⁸ If we take Wittgenstein's view of classical positivism that holds "nothing true unless what can be verified by natural science" (Kerr 2008),¹⁹ then my own approach is emphatically non-positivist as my research object is concerned with how participants perceive their professional practice in contexts of multiple deprivation and what meaning it has. The schools of thought for whom human reality is not given, but is instead semantic, all have in common a shared concern with hermeneutics, so that human social interaction is largely concerned with 'exchanges of meaning' between the investigator and respondents (Guba & Lincoln 1994). More concretely stated, then, this denotes that the meaning of the practices engaged in by art therapists working in areas of multiple deprivation are not objectively given but are a matter of interpretation, just as the social researcher who seeks to understand the meaning of their enquiries is also engaged not in reporting reality from 'the view of the spectator' from a positivist stance, but is instead constructing an adequate interpretation that is culturally and contextually contingent (Howe 1998). What this means then, is that interpretations, far from having nothing to do with the self or simply 'mirroring' reality or the data, in fact must reveal or paint a picture of the interpreter or researcher as well as reveal something about the data. Hence I have found helpful Cohen's (1987)²⁰ observation that: "the self is the essential element of anthropological fieldwork." Furthermore, it is

¹⁸ Laing 1982, p. 9

¹⁹ Wittgenstein, cited in Kerr 2008, p. 30

²⁰ Cohen 1987, p. 207

because “human beings live in the realm of meanings” (Adler 1992)²¹ that the data to be collected in my research and the processes it demanded are not analogous to collecting statistical information about the number of children living in poverty in Scotland. Instead, my data is concerned with interpreting the experiences of art therapists to understand what they may have noticed about the individual child’s lived experience of poverty, in addition to interpreting the meaning of participants as well as my own immersion in contexts of multiple deprivation. Extracting this meaning is underpinned by the principles of ethnographic practice but if “meaning, of course, is ethnographically problematic, it is not susceptible to objective description, but only to interpretation” (Cohen 1985; Gilfillan 2014),²² therefore my study situates itself within the interpretivist turn (Geertz 1973; Taylor 1971; Winch 1958).

Ethnography

As an art therapist with professional experience working with children and young people living in areas of multiple deprivation and also as a child who was raised in an area of multiple deprivation, my own data-gathering had to reflect the nature of the reality I was interested in interpreting from the subjective experience of art therapists as social actors and myself as investigator (Honer and Hitzler 2015). It has been recognised that ethnography has a biographical element and the experiences of the researcher and the reflections of their personal narratives offers unique reflexive data (Coffey 1999). Ethnography also enables the researcher to be immersed in the process, thus their observations become grounded in personal experience (Simmons-Mackie and Damico 1999), which also allows the researcher to acknowledge their unique relationship with the participant (Wall 2006), and resist taking an authoritative position of exploiting ‘members of a tribe’ (Ellis et al. 2011). Due to my own personal

²¹ Adler 1992, p.15

²² Cohen 1985, cited in Gilfillan 2014, p. 270

and professional experiences then, I may be described as an insider or member of the tribe I was studying, therefore ethnography was an obvious choice when designing this study as it allowed me to draw upon my insider experience when making interpretations of the experiences of other art therapists working in contexts of multiple deprivation. Ethnography is defined as the researcher practicing 'participant observation' among a local population either overtly or covertly in order to gain an in-depth understanding of the "native point of view" (Malinowski 1922) and gathering data through lengthy immersion into a field via formal and informal data-gathering to extract meaning and relevant themes (Hammersley & Atkinson 2007). Ethnographic enquiry, then, is suited to small scale research carried out in everyday settings and is able to focus upon the discovering the meaning of human action or practice so that ethnography is a research method that is able to provide an in-depth understanding of a specific culture from the perspective of its the members (O'Reilly 2012;Varjas et al. 2005). Furthermore, because of my own immersion as a current practitioner in the field being researched, the practice of reflexivity allowed me to problematize both my own and my informants relationship to contexts of multiple deprivation and to try to recognise any bias on my part that could compromise the integrity of the study in light of the growing paradigm of evidence based practice (EBP), which has challenged the value of anecdotal art therapy practitioner insights which could be seen as subjective and lacking the rigour of more objective data (Edwards 1999;Gilroy 2006;Kapitan 2010).

Ethnographic methods can also be valuable in contributing to the knowledge base of counselling and psychotherapy (McLeod 2011), as there are many similarities between the practices of the ethnographer and the therapist. For example, both ethnography and psychotherapy involves the investigator or therapist being a participant-observer who is immersed in another's culture or context in order to gain

an understanding of the subjective reality of the person observed, whilst also having an awareness of and an ability to examine one's own subjective lens (Hocoy 2005b). Furthermore, ethnographic methods when applied to counselling and psychotherapy can provide the practitioner with a contextual understanding that can enrich professional enquiry (Suzuki et al. 2005). Hence, ethnography was an obvious choice for me as an art therapist conducting research with fellow practitioners as it would allow me to gain a contextual and professional understanding of the impact that poverty has, if any, on art therapists practice in contexts of multiple deprivation.

Study Design

The inclusion criteria for participants was that they were qualified art therapists working with children and/or young people in West Central Scotland (WCS) in an area of Multiple Deprivation (MD) as determined by the Scottish Index of Multiple Deprivation (SIMD). The principle data collection method consisted of semi-structured interviews to gather in-depth practitioner perspectives on working with children and young people affected by poverty and living in areas of multiple deprivation. Interviews were conducted with ten participants who met the inclusion criteria, with each participant being interviewed once at their workplace for around 35-60 minutes. In addition to semi-structured interviews, supplementary contextualising data was gathered via fieldwork in order to make observations and record thick descriptions of the context, settings and localities where participants worked. Reflexive logs were also produced after each interview to allow me to process my own thoughts and feelings regarding the information gleaned from interviews and fieldwork, and all of these data collection methods are commonly used in ethnographic practice (MacDonald 2001). The data was analysed using thematic analysis that took a general inductive approach to generating themes. This was then triangulated with the other data gathered to enhance the validity of emergent themes and eliminate bias.

Ethical Approval

The Professional Doctorate research proposal that outlined the background, rational, aims and design of this research was submitted to Queen Margaret University in June 2013 and approved in September 2013. Prior to any data being collected or participants being recruited, the initial focus was to obtain ethical approval for the research, which usually involves negotiating with gatekeepers to gain access to research sites and participants (Gilroy 2006), and the time involved in obtaining permission to access a site can delay an ethnographic study (Smith 2001). The ethics process began in October 2013 with preparing an application for ethical approval for Queen Margaret University, and after taking advice from the chair of the research ethics committee, I simultaneously contacted the Chief Scientific Officer in the NHS board that shared the same locality as QMU to find out if NHS ethical approval was needed. The response advised that whilst NHS ethical approval was not needed, NHS Research and Development (R&D) approval may be needed and I was advised to contact the NHS clinical governance teams in the areas where the study would be carried out²³.

As the research was being completed in West Central Scotland, I anticipated the relevant NHS boards where art therapists were most likely to be employed. Therefore, in preparation for potentially interviewing NHS staff, I contacted the clinical governance boards for the identified NHS sites and was advised to complete an IRAS²⁴ application to apply for R&D as well as site specific approval. This also involved applying for a research passport and obtaining letters of access to visit the sites involved. Although at this stage I was not aware of who would participate in the study and applying for site specific access for particular locations seemed in conflict

²³ Letter from Chief Scientific Officer can be found in the Appendix

²⁴ Integrated Research Application System

with the emergent design of the study, it was anticipated that if potential participants from the NHS responded then they would undoubtedly work in the sites that were identified. The process of obtaining NHS consent was beneficial in supporting me to clarify the research aims and to generate the documents needed for data collection. Because this research involved interviewing practitioners rather than service users, the likelihood of participants experiencing the interviews as in any way harmful was minimal and the research was classed as non-evasive. QMU²⁵ ethical approval was granted in May 2014 and the whole process of gaining ethical approval took around 6 months to complete.

The main ethical consideration related to potential safeguarding concerns being raised. It was anticipated that practitioners were likely to speak about their service users during interviews, and if participants spoke about clients in the interviews it was agreed that this would be treated within the current framework for confidentiality and safeguarding. For example, participants would be asked not to use client names and interview transcripts would be anonymised and any raw data would only be seen by the researcher and supervisory team. However, if any information were to be disclosed which indicated that there may be a concern for a vulnerable child or adult then the normal safeguarding procedures would apply and confidentiality would have to be broken to adhere to safeguarding procedures. This was discussed with participants ahead of interviews and my duty of care as both a researcher and practitioner was explained in the participant consent form, and verbally during interviews. Constructing an ethical framework which is closely aligned with obligations from other roles and professional codes of ethics safeguards both the

²⁵ A copy of the QMU ethical approval letter is located in the Appendix

researcher and participant (Farrant et al. 2014; Hammersley & Atkinson 2007; Kapitan 2010).

Inclusion Criteria

The inclusion criteria, as stated earlier, was that participants had to be qualified art therapists working with children and young people affected by poverty and living in areas of multiple deprivation listed on the Scottish Index of Multiple Deprivation (SIMD) and based within West Central Scotland (WCS). The reason for focusing on WCS was due to the high levels of health inequality known as the 'Glasgow Effect' which means WCS has a unique place in the poverty discourse (Landy et al. 2010). More practically, WCS is the locality where my employment was based and so this choice of location was also of practical relevance in terms of ease of access to participants. Potential participants were provided with a map of WCS and invited to find out if their area met this criteria by inputting their workplace postcode into an online SIMD Interactive Database. The geographical areas of Scotland experiencing the highest concentration of poverty and deprivation are recorded by the Scottish Government through the Scottish Index of Multiple Deprivation. Focusing on areas of multiple deprivation as determined by the SIMD meant that the levels of deprivation had been objectively measured rather than it being a subjective assumption made either by myself or participants.

Participant Recruitment

Participants were recruited using a combination of purposive and snowball sampling. The primary means of communication was via email through the regional groups for The British Association of Art Therapists (BAAT)²⁶ that covered West Central Scotland. The BAAT network is broken down into 21 regional groups across the UK

²⁶ BAAT is the professional association for Art Therapists in the UK

that meet locally to offer peer support, training and CPD activities. An email was sent to the groups that cover WCS, known as region 15 and 16, detailing the study and what was required, and participants were invited to note interest by responding to the email if they felt they met the inclusion criteria. I was aware that purposive sampling using the internet could exclude a number of participants as it would only reach practitioners who were digitally included. Hunt and McHale (2007) suggest that researchers conducting web-based research will have difficulty obtaining a representative sample of many populations as this will exclude people who do not use the internet. Furthermore, I was aware that this method of participant recruitment may have excluded a wealth of knowledge of practitioners not registered with BAAT. However, I felt that purposive sampling would enable me to access participants who would be likely to meet the inclusion criteria and could therefore participate in the study. Being transparent about the recruitment process can reduce the likelihood of researcher bias in purposive sampling (Oliver 2006). Moreover, I felt that email recruitment was the most efficient means of communication as it could be used as an initial recruitment method which could then be supplemented by snowball sampling, where I invited potential participants to recommend a colleague that would be interested in participating in the study. The advantage of snowball sampling is that it can enable the researcher to identify potential participants when it may otherwise be impossible to do so; however the disadvantage is that the next nominated participant could have a biased view of the subject matter (Oliver 2006). Purposive sampling using email initially attracted a low response, however, after a follow-up email was circulated a few weeks later, more interest was generated²⁷. The total number of participants recruited to participate was ten, and from this number, seven participants responded to the recruitment email directly and were recruited through purposive

²⁷ A copy of the recruitment email can be found in the appendix

sampling and the remaining three were recommended by some of the participants who contacted me, and were thus recruited through snowball sampling.

Consent

When inviting respondents to participate in a research study it is vital that they have understood what they are agreeing to and are able to give informed consent (Farrant, Pavlicevic, & Tsirs 2014). As a researcher and practitioner, it was important to me that participants had all of the information they needed and sufficient time in which to make their decision to participate or not based on informed consent, as this would be the same approach I would take in a therapeutic relationship when informing a prospective client of what therapy would involve. According to Kapitan (2010) the ethical framework that underpins the work of the art therapist is similar to what would be applied in a research process. This is echoed by art therapist Gilroy (2006) who advocates that in an ethnographic study, overt rather than covert data collection eliminates ethical issues relating to informed consent and is more aligned to the ethical framework employed by therapists. Prior to interviews taking place, participants were emailed an information sheet that detailed the purpose and aims, as well as what was expected of participants along with a consent form so they could see in advance what they were consenting to²⁸. An information sheet was also provided for participants to give to their line managers in order to gain additional managerial consent. It was made clear to participants at every stage that they were free to opt out at any time and without explanation. Participants were asked to take time to read and consider the information sheets prior to an interview being set up, particularly as all of the participants were known to me in a professional capacity and I did not want them to feel obliged to participate. At the interviews, time was spent

²⁸ A copy of the information sheets and consent form can be found in the appendix

with each participant revisiting the aims of the study and my duty of care regarding safeguarding to ensure that consent was fully informed.

Data Collection

Data was collected over a 3 month period from May 2014 to August 2014 by interviewing ten participants at their workplace and carrying out fieldwork in the localities where participants worked. Semi-structured interviews were recorded using a tablet device and then transcribed and stored securely onto an encrypted data storage drive. Fieldwork was gathered through extensive note taking and recording 'thick' descriptions (Dey 1993; Geertz 1973) of the workplaces of participants and the communities of multiple deprivation where participants were located. During fieldwork I also collected relevant documentary material that provided background information, mainly relating to the SIMD profiles of these areas which was obtained on the Scottish Government website. It is advised that researchers should write down everything they feel is relevant in the early stages of an ethnographic study as they may eventually be used to introduce the reader to the setting of the research (O'Reilly 2012). However, in the final analysis of the data, I felt the SIMD profile information was more effective in introducing the research setting as the field notes were subjective and therefore aligned to the narrative of my reflexive logs and of greater use in supporting reflexivity. According to Emerson et al (2001), much of what is recorded in fieldwork is used to aid interpretation and as a result is rarely incorporated into the final manuscript. It is important to highlight then that the content of my field notes and reflexive logs have not been included in the final text as they have instead been used to aid my own reflection and interpretation of participant data. The raw data that has been included in the final manuscript is excerpts from participant interview transcripts, and when used verbatim, can strengthen the analysis of data (Charmaz and Mitchell 2001).

Interviews

As mentioned earlier, the principle data gathering method was semi-structured interviews with ten participants who were located in WCS and interviews were conducted at the workplace of participants. According to Gillham (2000) small scale research that aims to gain an understanding of real-life can be effective with a small sample of participants as the time-cost of interviews can be grossly underestimated by lone researchers, and for this reason, large scale interviews are rare. Small scale interviews in ethnographic research have been criticized for claiming to represent the views of an entire society based on interviewing a few participants (Suzuki, Ahluwalia, Mattis, & Quizon 2005), therefore it is important to highlight that the research presented does not represent the views of the entire art therapy profession, only the views of myself and the ten art therapists who participated. In total nine interviews were conducted as two participants worked for the same organisation and opted to be interviewed jointly. Recognising the time constraints that are involved in participating in research is an important factor for the researcher to consider in order offer flexibility and accommodate the needs of participants (Menter, Elliot, Hulme, Lewin, & Lowden 2011; Tsirs, Pavlicevic, & Farrant. 2014), therefore I was happy to facilitate a joint interview. Interviewing participants at their work place also minimised the amount of time they would have to commit to the process as it meant they did not have to travel to meet with me. This also allowed me to engage in empirical descriptions and gain a contextual understanding of the physical location of the workplaces as well as the localities of multiple deprivation in which my participants worked.

The empirical data gleaned through interviews was essential to my contextualisation of other data that I accessed via fieldwork and reflexivity, as often interviews are associated with an interpretive paradigm (Bailey 2007), are used to supplement other

forms of qualitative enquiry, such as observation of the research setting (Kvale and Brinkman 2009; Menter et al. 2011), and is a primary data collection method used in ethnography (Kapitan 2010). In-depth interviewing is considered an important methodology as it allows for a 'live' encounter with informants and enables the accessing of verbal and non-verbal data (Drummond 1996; Geertz 1973), which can help to refine information and build a rapport with participants. The principles of interviewing in qualitative research is also a familiar process in the therapeutic relationship (Kvale & Brinkman 2009), which is used to generate meaning between client and therapist and gain an understanding of lived experience (Bondi 2013). Semi-structured interviews have the benefit of supporting the researcher to obtain descriptions of the lived experience of the interviewee which can then be used to interpret the meaning of the experiences shared (Gillham 2000). As well as being pragmatic, interviewing a small cohort of art therapists also allowed me to gain an in-depth understanding of other practitioners' insights, feelings and attitudes regarding their practice experiences in areas of multiple deprivation, as prior to conducting the research, I only had my own personal and professional views to contemplate and interpret. Therefore, the use of semi-structured interviews was an obvious and practical choice for supporting my research engagement with practitioners.

As all of the participants were known to me in a professional capacity, it was important for me to feel comfortable stepping into a dual professional role and to constantly reflect on my interactions with participants, as knowing an interviewee in a professional capacity has the potential to create a power imbalance which can be difficult to address in an interview (Menter et al 2011). In contrast, there is also a danger that the interviewer fails to create a professional distance which puts them at risk of over identifying with the viewpoint of the interviewee (Kvale & Brinkman 2009). Furthermore, there is the risk that semi-structured interviews could be dominated by

the pre-conceived ideas of the researcher and as a safeguard against this, the use of structure in research interviews should be flexible according to the information that emerges (Gillham 2000). It has been suggested that interview protocols can help the researcher establish clear cut boundaries in the research interview which could shift the focus from the relationship to the acquisition of shared knowledge and redress any power differentials (Menter et al 2011). At the start of interviews, I spent time with participants revisiting interview protocols to build a professional rapport and acknowledge the dual roles of being professional peers as well as researcher and participant before introducing the questions which were loosely framed by the interview schedule²⁹. It has been suggested that interview schedules should be used as a prompt for research objectives which should be open to negotiation with the participant to make the experience collaborative and when used with several participants can promote a level of standardisation between interviews (Menter et al. 2011).

Each interview was transcribed verbatim and then sent back to participants to check the accuracy. Respondent validation, or member checking (Kapitan 2010), helped me to ensure that the transcription of the interviews accurately reflected what was discussed. Allowing interviewees to read transcripts can help to address power differentials (Menter et al. 2011), recognises participants as co-creators of data (Grbich 2013), reduces the likelihood of misinterpretation (Bourdieu 1999), and enhances the validity and credibility of data (Bailey 2007). It was important to me that participants were recognised as co-creators of the data and had ownership of their interviews and had the opportunity to make corrections if they felt their views had been misrepresented.

²⁹ A copy of the interview schedule can be found in the appendix

Once all of the transcripts had been verified, I began to anonymise any information that could identify participants, as changing identifying data facilitates trust and protects the confidentiality of informants (Bourdieu 1999). All participants were given a pseudonym, in total nine female and one male participant were interviewed, however, all participants were given a female identity to reduce the likelihood of the male participant being able to identify himself. According to Bailey (2007), using inadequate pseudonyms is as much a violation of confidentiality as naming people, places and organisations, as this can lead to participants identifying themselves in the final manuscript. To further protect anonymity, the specific organisations and localities where participants worked were not named, however I have included a map of West Central Scotland that shows the various local authorities that made up the entire research field and it is located in the findings chapter.

Fieldwork

Following the semi-structured interviews, I secured permission to have a look around the workplace of participants and to make observations to try and envisage how the building and its physical space may be experienced by children and young people who might use its services, as this can be an effective way to offer insight into the social worlds and lived experience of children (James 2001). Summarising features of the physical space of observation sites can include taking note of the design and layout of a building as well as first impressions, however, making such observations in the organisation where an interviewee works may flag up issues for the participant around confidentiality and power (Menter et al 2011). Prior to me gaining access some participants were initially apprehensive about me observing their work place as they worried that it may breach confidentiality of service users or there was the expectation that I would want to observe their practice with service users. After offering reassurance that the intention was not to observe practice and that I would not have

contact with service users and would conduct my observation overtly yet discretely and with respect for confidentiality, consent was given for me to observe the work places of the participants who were apprehensive. Hammersley and Atkinson (1995) suggest that gaining access to research sites involves using everyday interpersonal skills and strategies, therefore I felt confident that I would approach workplace observations with the professionalism that I would display in any workplace.

Following workplace observations, I carried out fieldwork in the local communities where each participant worked to record thick descriptions of the context, settings and areas of multiple deprivation. Research carried out in communities is considered to be an effective way of increasing understanding of the lived experience of inequality (Smith 2001) and highlighting the issues relating to power and class (Brunt 2001). The amount of time a researcher spends in the field is dependent upon the level of immersion they require (O'Reilly 2012), and as a lot of the communities were familiar to me, I felt it was sufficient to spend a few hours in each area following the interviews, however the amount of time a researcher can realistically spend in the field can be hampered by issues such as access and time (Smith 2001).

According to O'Reilly (2012), collecting research data from interviews usually happens 'out with' a context and should be analysed as such, whereas fieldwork is purely context dependant and involves making direct observations and recording descriptive accounts with rigour rather than making sweeping generalisations about a culture. It was important for me to carry out my fieldwork after the interviews as I wanted to be open to the views of participants and how they experienced the communities where they worked. Moreover, conducting fieldwork also allowed me to supplement the data gleaned from interviews and gain a sense of communities, form my own opinions and make sense of practitioner's descriptions of their communities. Descriptive accounts of a culture can be of value in providing contextual information

that mere interviewing will miss and can be of value in providing knowledge and challenging stereotypes of cultures (Hammersley & Atkinson 2007). For example, two of my participants Kim and Katrina shared descriptions of their work communities that I wanted to explore for myself to find out if there was a consensus or a discrepancy with how I viewed the communities:

Kim: It's in the middle of nowhere and there's a real closedness to the community... There's something about that community, I don't know what it is but I find it really interesting. And I find it odd because I'm so far removed from it... and then I'm plunged into this place that's just got very little idea of the outside world.

Katrina: This is a very depressed area, there is a lot of poverty, there's a lot of drug use, so a lot of the money they do get is spent on drugs or alcohol, so the children don't tend to get.

According to Bourdieu (1999), to not include the 'distortions' that result from the point of view of professionals who work with poverty would misrepresent any social commentary regarding suffering and inequality. In this regard, it was also important for me to acknowledge and reflect upon any distortions that may have arose from my own point of view. The task of the researcher is to set aside personal assumptions in order to reduce bias in the research, and this can be achieved through constant reflection of personal beliefs, background and values and having an awareness of how these factors might influence the researcher's point of view (Menter et.al. 2011).

Reflexivity

An integral part of reflecting on how my own views and background might influence how I perceive and interpret the data was done through keeping a reflexive log that recorded my responses following the interviews and fieldwork. Reflexivity is an effective way for the researcher to think critically about the conditions in which the research is undertaken as well as acknowledging their own autobiographical

information to help the reader understand their perspective and to eliminate bias (O'Reilly 2012). According to Bourdieu (1999), reflexivity which is based on one's craft, such as being a therapist, allows for the researcher to be reflexive whilst the interview is being conducted and enables them to question their own presuppositions and the inevitable effect this can have in scientific enquiry. The ability to reflect upon and regulate one's feelings is regarded as 'best practice' (Taylor 2006) and is an important part of therapeutic practice that helps the therapist to separate their perspective from that of the client (Hocoy 2005b), and as a practicing therapist, is a process that I actively use in my work and one that I was able to employ during interviews. Being actively reflexive during interviews helped me to process negative feelings where I felt a couple of practitioners made pejorative comments and value judgements about areas of multiple deprivation. Likewise, reflexivity also helped me not to over identify with some practitioners during interviews whom I felt shared the same value base as me and had similar practice experience.

Menter et al. (2011) suggest that setting aside personal assumptions as well as being mindful of how personal experience, background and values can impact on how information is perceived can help to eliminate bias from research and how it is interpreted. For example, reflexivity also allowed me to process my own experiences of living and working in areas of multiple deprivation when I was recording field notes whilst observing participant communities. Furthermore, reflective practice is a way for researchers to confront both personal and professional experience by reassessing previous assumptions to ensure that interpretations are not distorted (Barry and O'Callaghan 2009).

Data Analysis

The primary data analysis consisted of a thematic analysis which was derived from the content of the semi-structured interviews. This method involves the researcher

sorting and coding the data and then collating or grouping the data according to a particular theme or themes when a dataset is complete (Grbich 2013), and is widely regarded as a flexible analytic method for qualitative researchers to generate meaning from their data (Braun and Clarke 2006).

When each transcript had been verified and anonymised, I conducted a 'preliminary analysis' by engaging with the data to gain a deeper understand the content, as the data should be allowed to 'speak for itself' before any coding begins (Grbich 2013). Once every transcript had undergone a preliminary analysis, I began the process of coding and sorting themes. This consisted of going through each transcript line by line and manually assigning a code to each theme using the review functions in Microsoft Word. From this process, I also created a data sheet that collated the themes from all ten interviews in a table that listed each code and linked it to the participant as well as the line in the transcript where the code originated from³⁰.

This enabled me to easily track and revisit my data and made it manageable to navigate through all ten transcripts, which accumulatively was a dataset consisting of over 45,000 words. Creating a methodical system to organise and track a dataset allows it to be visually manageable (Grbich 2013) and prevents the researcher from 'drowning in data' which enables significant information to emerge (Morse 1993). Coding is considered to be an ongoing form of data analysis that allows the researcher to assign meaning to specific sections of transcript text (Miles and Huberman 1994) and the terms codes and themes can be used interchangeably (Grbich 2013). However, I made the choice to differentiate codes and themes in that the code was a label that I assigned to the identified theme. When organising the data sheet, I grouped the themes into categories that related to the pre-set themes derived from

³⁰ A copy of a data sheet can be found in the appendix

the interview schedule. Under these categories I collated relevant emergent themes and assigned both pre-set and emergent themes to an overarching theme that described the category. The first data sheet listed 393 codes and themes. When completing a secondary analysis of transcript data, the themes were reduced to 101 and in a further analysis this was reduced to 36 themes. Where there was repetition of a theme across several codes due to slight variations in wording, I decided to amalgamate similar themes to refine the dataset and avoid unnecessary duplication. Often transcripts can contain data that initially seems relevant but in the final analysis can seem superfluous (Miles & Huberman 1994), and datasets should therefore be refined to discard tentative themes and focus on ubiquitous themes that support the conceptual model of the research (Bailey 2007). In the final manuscript, four main overarching themes were identified to categorise the refined data set, which is considered to be an appropriate number for an emergent design (Thomas 2006), and will be discussed in the next chapter.

Inductive Approach

The main function of an inductive approach is to allow research findings to emerge from data with few pre-conceived ideas, as opposed to a deductive approach which seeks to prove pre-existing knowledge (Gilroy 2006). Although it is recognised that it is difficult to approach any research without having pre-conceived ideas, it is recommended that ethnographers should be honest about their own preconceptions and consider relevant literature to find out what has been written about their topic to allow researchers to adopt an informed approach (O'Reilly 2012). When designing the research, my initial engagement with the literature allowed me to find out that not a lot had been written about art therapist's professional experience of working in areas of multiple deprivation. However, to protect the integrity of the inductive data analysis process, I made the choice not to engage with the wider body of literature until all of

the emergent themes were identified and the dataset was complete, as engaging with the literature too early can restrict the inductive approach by having a narrow focus (Braun & Clarke 2006).

When analysing my own research data, a 'general inductive approach' (Dey 1993; Thomas 2006) was taken, as I was not conducting 'grounded theory' in the purist sense in which Glaser and Strauss (1967) first thematised this method. However, as I began with a number of pre-conceived themes that were set out in the interview schedule, the approach of grounded theory was drawn upon insofar as any 'hypothesis building' (Charmaz 2006), such as the role of the art therapist's work institution restricting the therapist's relationship to their wider social context, was to be consciously and demonstrably grounded upon the empirical data. An inductive approach to data analysis usually means that themes that emerge have a connection to the data, which is a similar process to that of grounded theory (Braun & Clarke 2006). Furthermore, grounded theory methods can be used by ethnographers to enable them to probe their data and make connections between themes (Charmaz & Mitchell 2001). Although some aspects of a general inductive approach are similar to the techniques used in grounded theory, the process I used for coding and sorting data was more aligned to the methods described by Thomas (2006), rather than the strategies recommended by Glaser and Strauss (1967). In addition to coding, sorting and refining data, I also included verbatim extracts from interview transcripts to elaborate on themes and substantiate my interpretations (Thomas 2003), in addition to highlighting which participants did and did not make reference to the theme (Bailey 2007).

Triangulation

Data triangulation is described as analysing research drawn from different sources or perspectives in order to increase validity and offer a route for discovering additional

knowledge (Denzin 1970;Flick 2006). For example, a form of data triangulation is when reflexivity, observation and fieldwork is used to compliment other data collection methods such as interviewing and when compared with each other can strengthen the interpretation of emergent findings (Menter et al. 2011), reduce bias (Thurmond 2001) and enhance the credibility of the research (Bailey 2007). According to Denzin, data triangulation should be approached from the same theoretical model (Denzin 1997) and with methods that complement each other (Denzin 2010).

Within my own research, using an interpretivist epistemology when comparing the data gleaned from the different ethnographic methods set out in the research design allowed me to corroborate emergent themes as well as bring into focus salient issues that could have been lost had I just focused on one data collection method. An example being, the credibility of my interpretation of the theme relating to 'poverty not always being recognisable' was strengthened as it emerged in several transcripts which gave me a range of perspectives on this issue. This also supported my fieldwork observations which was further corroborated during the analysis of SIMD profile data on participant areas of multiple deprivation. Another form of data triangulation that was employed to assess the trustworthiness of my interpretations was conducted through 'stakeholder checks' (Thomas 2006). This involved emailing examples of verbatim interview excerpts along with my interpretations to participants to show how their interview data would be used in the final manuscript and to find out if participants consented to the data being used in this way. All ten participants responded to give their consent to verbatim transcript excerpts being used and interpreted by me. Stakeholder checks are considered to be a way to enhance the credibility of findings by giving participants the opportunity to comment on interpretations (Thomas 2006), which enabled me to further eliminate any bias that could have been present in my interpretation of the emergent themes, which are presented in the next chapter.

Chapter Four Findings

The following chapter explores the main themes to have emerged from the study with an overview of themes presented in the table below which categorises overarching and emergent themes.

Practitioners' Understanding of Contexts of Multiple Deprivation
<ul style="list-style-type: none">• Substance Misuse• Housing Difficulties• Economic Hardship
Practitioners' Understanding of Poverty
<ul style="list-style-type: none">• Not Having Enough• Masked by Materialism• Not Always Recognisable• Poverty or Neglect?
Practitioners' Understanding of how Poverty is Explored in Art Therapy
<ul style="list-style-type: none">• Consumption• Restraint• Resilience
Practitioners' Understanding of Contextualised Practice in Area of Multiple Deprivation
<ul style="list-style-type: none">• Barriers• Accessibility

Table 1. Overarching and Emergent Themes

The purpose of this research was to produce an original data-set that, upon analysis, will help shed light upon the wider question of whether art therapists practice is contextualised with the further aim of attempting to imagine or describe what a fully-contextualised art therapy might look like. In attempting to gain an understanding of how contexts of poverty and multiple deprivation impact upon the professional self-understanding of art therapists and their practices, and how the therapists react, if at all, to a context of poverty in terms of what therapeutic goals are deemed possible in such a context, I begin by locating practitioners within their employment contexts and

explore their views on the communities of multiple deprivation in which they work to find out if this is at all considered in the therapeutic space.

Practitioner Contexts of Multiple Deprivation

The areas that make up the 'research field' (Bourdieu 1984) where participants were located can be seen in the map below showing the various local authorities where participants worked.³¹



Figure 11: Map of West Central Scotland (©Crown Copyright)

Although there were ten participants, the entire research field only spanned seven local authority areas, as can be seen from the map above, as several participants worked in the same local authority, whilst others worked across two or more local

³¹ The names of the specific communities within these localities have not been named to protect the anonymity of participants and the integrity of the ethics application.

authority areas. However within the research field, interviews were carried out in nine different communities as two participants worked for the same organisation and had a joint interview. Three participants worked in organisations where it was not part of their remit to offer a service out with the premises and the remaining seven participants worked in a peripatetic capacity, meaning they travelled to other locations to meet clients.

Five participants worked in the voluntary sector, while one participant was self-employed and one participant worked in the private sector with the remaining three participants working in the NHS. All participants worked in areas of multiple deprivation as determined by the Scottish Index of Multiple Deprivation (SIMD). And, as discussed earlier, the SIMD (2012a) provides a multi-dimensional measure of poverty that is determined by several indicators³² which are grouped into the following seven domains; income, employment, health, education, geographical access, housing and crime to identify concentrations of deprivation across Scotland in small areas called datazones.

The SIMD ranks datazones from numbers 1, which is the *most deprived* area, ranging to 6505, which is the *least deprived* area in the SIMD. Also included for each datazone is a ranking of the seven domains to identify gaps which allow resources to be targeted in a particular area, such as access to transport or housing (Scottish Government 2012). In order to locate my informants within the 6505 datazones, participants' workplace postcodes were input into the online SIMD Interactive Map to identify the datazone rank of their area.³³ References to SIMD datazones in multi-agency reports commonly focus on the 15% most deprived datazones across

³² A copy of the SIMD 2012 Methodology listing the indicators is located in the appendix

³³ A screenshot of the available categories on the interactive mapping section of the SIMD website is located in the appendix.

Scotland,³⁴ as residing in one of these areas is considered to be a key indicator for measuring deprivation in Scotland (McKendrick 2014c). Looking at where participants' work areas were on the deprivation spectrum allowed me to see that half of the participants were located in the 15% most deprived areas and the other half were located in the least deprived areas, as can be seen from the table below.³⁵

SIMD Ranking	Participants Working in SIMD Areas
0-5% (<i>Most Deprived</i>)	2 (Jan, Linda)
5-10% (<i>Most Deprived</i>)	0
10-15% (<i>Most Deprived</i>)	3 (Claire, Sharon, Kim)
15-20% (<i>Least Deprived</i>)	0
20-100% (<i>Least Deprived</i>)	5 (Alison, Katrina, Sandra, Mary, Katie)

Table 2: SIMD Ranking of Participant Context

Although five participants were in datazones which were classed as being in the *least deprived areas*, it could be seen from the SIMD interactive maps that the surrounding areas (from which a school, for example, drew some of its pupils), were classified as *most deprived areas* that were within the 15% bracket. Therefore, if the work context of a participant was a school or health centre serving a local community, it should be taken for granted that some of their clients will live in the more deprived surrounding areas.

Overleaf is an interactive map³⁶ of Jan's workplace (within the green parameter) which was classified as the most deprived datazone in the study, and it can be seen that it is surrounded by other *most deprived* areas, so that all had professional experience of working with clients from areas of multiple deprivation.

³⁴ A table of the **national share of datazones in the most deprived 15% (participant local authorities are highlighted in yellow)** is located in the appendix.

³⁵ A detailed breakdown of where participants were located within the 6505 datazones can be found in the appendix.

³⁶ Anonymised SIMD Interactive Maps for all participant workplaces is located in the appendix.



Figure 12: SIMD Interactive Map of 0%-5% Area (©Crown Copyright)

In contrast, the map below shows the workplace of Alison, (within the green parameter), which is classed as being in a *least deprived* datazone but with the surrounding areas being classed as most *deprived* areas.

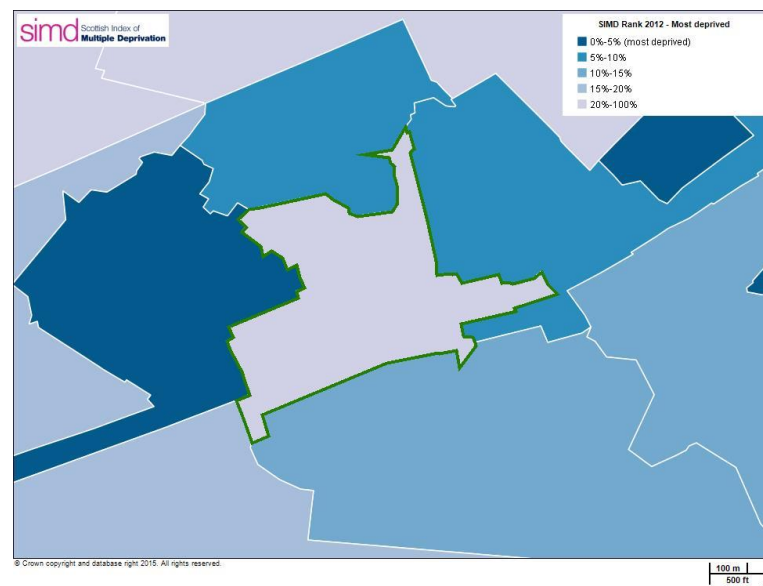


Figure 13: SIMD Interactive Map of 20%-100% (Least Deprived) Area (©Crown Copyright)

Practitioners' Understanding of the Indicators of Multiple Deprivation

It was important to gauge practitioners' views of 'their' areas of multiple deprivation as an opening strategy aimed at uncovering their level of embeddedness in their context to help me in my own task of interpretation and analysis, as such views would help me to socially and economically *locate my informants*. Therefore this section highlights participants' views of the indicators of multiple deprivation in their area. This allowed me to identify the most prevalent indicators of multiple deprivation recognised by participants, which can be seen in the table below. However, because an indicator wasn't mentioned by a participant doesn't necessarily mean they showed a lack of awareness of multiple deprivation, as the majority of participant data presented encompassed several indicators of multiple deprivation.

Participant	Deprivation Rank	Practitioners Understanding of Indicators of Multiple Deprivation		
		Substance Misuse	Housing Difficulties	Economic Hardship
Jan	1st		✓	✓
Linda	2nd			✓
Claire	3rd			
Sharon	3rd	✓		
Kim	4th	✓	✓	✓
Alison	5th		✓	✓
Katrina	6th	✓	✓	✓
Katie	7th	✓	✓	
Sandra	8th	✓	✓	✓
Mary	9th	✓		

Table 3: Practitioner Awareness of Indicators of Multiple Deprivation

Substance Misuse

A prevalent indicator of multiple deprivation recognised by participants was the impact of substance misuse and was highlighted by six participants: Sharon, Katie, Sandra,

Mary, Katrina and Kim. Practitioners highlighted how substance misuse impacts on the lives of the children, young people and their families as well as the wider communities in which they work. When I asked Sharon how she felt young people would describe the communities where they live Sharon suggested that some young people communicate a “*sense of shame.*” When I asked Sharon for an example of how shame is communicated in therapeutic sessions, she replied that the impact of parental substance misuse makes young people feel shame and she shared with me the anger, sense of injustice and feelings of blame and isolation they have communicated to her in sessions:

Well I have lots of memories of teenagers being exceptionally angry at themselves, at others, at us, at the world for the sense of injustice I suppose, awareness of the injustice of ‘why do I have a parent who is a junkie and spending money on drugs?’

When I asked Katie if the young people she works with have ever communicated a sense of shame regarding their community, Katie replied that shame isn’t a word that she feels a young person would ever use. However, Katie went on to tell me about a particular young person who reflected on the impact of drugs in her community:

When she was talking about her community and relating it to that TV programme ‘The Scheme’ and reflecting on this and initially saying she thought ‘my area is nothing like this’, but then decided ‘actually it is...there’s junkies down there and that guy’s always selling drugs and whatever’.

The young person initially communicates to Katie that her community isn’t affected by drugs, but it seems that the therapeutic process has allowed the young person the space to form a different perspective on her community and consider the ways that substance misuse does affect her area.

When I asked Sandra what she noticed about the deprivation in the area where she works, she too highlighted the impact of substance misuse:

It felt deprivation was very entrapping as if the young men felt there was no other option, and I also felt that they were enormously intelligent and bright so it was a loss to the whole community and their abilities were going to such a destructive place but not just for them, their children their families, all the rest of us could have had very able young men doing positive things and I just felt they succumbed to the pain of addiction.

Sandra is of the opinion that parental substance misuse can impact an entire community and suggests that it is something that particularly affects young men. Sandra's use of the word entrapment also suggest that she feels young men were stuck in a life of deprivation and perhaps marginalised and excluded from accessing more positive trajectories.

For young people who are exposed to substance misuse, either through parental substance misuse or the visibility of it in the wider community, it can be interpreted that there is the risk that they themselves may start to use substances in adolescence, as highlighted in the examples given by Mary, Katrina and Kim.

When I asked Mary how young people explore poverty in their sessions, she told me about a young person who is looked after in foster care who uses her sessions to process her early experience of poverty, neglect and parental substance misuse. When I asked Mary what she felt was the legacy of this early experience for the young person, she told me:

She's well held at the moment but I can see that if she moved into independent living, she would go along with whatever came along and if that person happened to be giving her drugs then that would be it. And she doesn't want to be her mother but she doesn't have enough of something else to make a different choice at the moment and it's so fragile keeping her away from it and keeping her safe. That legacy is essentially what she knows and even if she doesn't like it, it's what she's familiar with.

In Mary's experience, then, early experiences of parental substance misuse could make the young person vulnerable to substance misuse if she were to live independently in the community and that her experience of being 'held' in foster care and art therapy may not be enough to deter her from potentially experimenting with substances.

When I asked Katrina what she noticed about the indicators of deprivation in her area, Katrina gave a concrete example of a young person she works with who has been exposed to drugs and has been using drugs from a young age.

Sometimes she turns up and she's clearly still under the influence of some drugs so that's quite difficult and I do ask her not to do that but she has been using dope since she was 10. She stopped drinking when she was about 14 because she didn't like what alcohol was doing. She's just turned 19 now and it's just that sometimes I don't know where to start with that. In what circles is it ok to give a 10 year old a joint?

This is an example of the impact of substance misuse within a community and how it directly enters the therapeutic space. When I asked Katrina how she addressed these concerns, she told me: "*we do have a social worker here. So if there are protection issues we would get the social workers involved.*"

Similarly, when I asked Kim what she noticed about the impact of deprivation in her area, she too gave an example of substance misuse within the community coming into the therapeutic space, due to the young people she supports speaking to her about their experimentation with drugs.

It's deprived in the sense that there are no resources, there's nowhere for teenagers to go. They all just go and get drunk at the weekends because there is shite all else. I've had quite a few young people that I've worked with that just get drunk every weekend, get stoned all the time and that's their thing.

Here Kim shares her knowledge of the community and how some of her young people are experimenting with alcohol and drugs, which she surmises is due to a lack of resources or diversionary activities which contributes to the deprivation of her area. The examples presented in this section show that Sharon, Katie, Sandra, Mary, Katrina and Kim are aware of the different vulnerabilities that substance misuse creates for children and young people, either through exposure to parental substance misuse, witnessing the impact of substance misuse in their community or young people themselves consuming alcohol or drugs.

Housing Difficulties

Kim, Katrina, Sandra, Katie, Alison and Jan related how housing difficulties is an indicator of deprivation in their area and highlighted the specific issues of unaffordability, the bedroom tax and overcrowding. When I asked Kim if poverty is something that is ever addressed in sessions, she told me about a young person who, along with her mum, became homeless due to domestic abuse:

I've got one girl whose mum has severe mental health problems and she's been moved house so many times...she was in a few weeks ago... they had moved again... they didn't want to go back to their old address because they were getting threatening phone calls from the girl's dad. Basically they were on the run and they found somewhere that was a private let and it was like 'Well we've asked this person for fifty quid and we've asked that person,' and they're trying to scrape together enough money for the deposit and mum has been talking about getting a loan and I was like 'No, please just don't go anywhere near a payday lender'. I was like I shouldn't be saying these things as it's too directive but I just felt like don't, just don't do that, don't go into that.

Kim highlights that in addition to the vulnerability of domestic abuse and homelessness, the young person's mum also had poor mental health, and it seems that financial hardship compounded the difficulty of the family accessing a safer living

environment. When I asked Kim if she felt a social responsibility towards the young person and her mum, she replied:

Yeah...I kind of know housing benefits systems and the council was paying the rent on the council flat that they didn't want to go back to. From the council's point of view they've got a house, they're getting it paid for; what's the issue? And they're going 'We don't feel safe in that place and have to go somewhere else' and I'm sitting there going well yeah I know the system sucks, it doesn't cater for people in those sorts of situations that feel that they can't stay in their house. It's almost like you've got to prove that you can't stay in your house by getting attacked or beaten up or something before they'll go 'Okay maybe you shouldn't stay there'. Things like that you just feel, it's just exhausting.

Kim felt frustrated that the young person and her mum had limited options for accessing safe housing in that they would have to approach a money lender to escape their abusive situation. There is also the suggestion that Kim is frustrated at the lack of safeguards provided by the benefits system which has led her to break out of the non-directive confines of her role in order to give the young person cautionary advice.

When I further explored with Katrina what else she notices about indicators of deprivation in her area, she also voiced her frustration at the benefits system and suggested that the bedroom tax will create housing difficulties for people who are unemployed.

I think there's going to be bigger issues with housing with the bedroom tax. That is a massive issue. That is a massive issue as unemployment is a huge issue around here.

When I asked Sandra what she noticed about the poverty in the area where she worked, she highlighted the sense of inequality in housing conditions between rich and poor:

I think in some ways the poverty is more polarised...just the way that one small Scottish town has some of the biggest houses I've ever seen and some of the worst housing schemes I have ever seen, and an acceptance of somehow it didn't change.

When I asked Katie what she would notice about poverty being a factor in a young person's background, she highlighted the link between the instability of housing and poor mental health and suggested that housing issues not only affect parental mental health but also affect the mental health of young people, and that this is something she and her clients have explored in therapy:

Sometimes it's clear that poverty brings tensions in the house because money is an issue and parents are worried, or mum is worried and sometimes housing is an issue if they're for whatever reason where they are staying is in jeopardy or there's some uncertainty of what's going to happen there which I guess would be an issue... when you see that you think they've come to counselling so they can talk about mum being worried about the house.

When I probed Katie further by asking how she would be aware of housing issues causing a young person difficulty, she told me that she would know about housing issues either from the young person discussing it or from other agencies involved:

Just through them talking about it really, through them saying mum's stressed, this is happening. Often there will be social work involvement and although we're not mandatorily informed that social work are involved, usually it will be stated in the referral there is social work involvement and they are supposed to say if there are other agencies involved.

When I explored with Alison what she noticed about the indicators of poverty, Alison highlighted the impact of overcrowded housing conditions and the pressure that this adds to existing difficulties families may already be experiencing:

A lot of overcrowding in housing and it's a really common thing for a lot of children I work with to live in overcrowded housing and that adds to pressure.

If there's stuff happening already, that just adds massively to any stress in a family. And even if there's not anything happening, that is still a stressor.

When I asked Jan if she could tell me about the indicators of poverty that would make her feel concerned for a child, she told me that the impact of overcrowding is a concern:

The housing situation is one of the main ones and that's obviously from my own background. Sometimes at the end of the first meeting with a parent I've put on a referral for housing support because they're in an overcrowded housing situation, rent arrears and the worry surrounding that. So that's always an indication. Yeah finding out where they're living and who's living with them and what physical space the child has is really important and a lot of the time that's kind of very telling in itself about why the child is acting out in the way that they are because they don't actually have that physical space at home.

When I asked if Jan was able to go over and above her remit to address need if a family was struggling, she told me:

I think it's within my remit. The parents will always come here so we never physically see where they're staying but because part of our remit is parent partnership work as well. A child was referred for behavioural issues and running away but 5 minutes into the conversation with mum the house, a two bedroom house with 2 other children and an auntie, an uncle, a cousin, her eldest daughter having a baby of their own, so it became very apparent that actually this boy has got no space so part of the work, part of his care plan would be to, if somebody could, help mum address her housing situation and give this boy the space, and it's just sign posting and linking in and making those referrals, so it does fall within my remit.

It seems as though a child's housing situation is routinely assessed by Jan and something that she has taken direct action to address by making a referral for housing support to help improve the situation.

The examples presented in this section show that Kim, Katrina, Sandra, Katie, Alison and Jan have an awareness of the difficulties that poor housing conditions can create for CYP and their families either due to unsafe situations, unaffordability or overcrowding which are issues that become obvious in the therapeutic space.

Economic Hardship

Economic hardship was highlighted by six participants (Kim, Sandra, Katrina, Jan, Linda and Alison) who highlighted issues such as de-industrialisation, unemployment, low pay, in-work poverty and destitution. When I explored with Kim the impact of deprivation on her community, she highlighted that deindustrialisation has created a legacy of economic hardship:

It's quite interesting that I remember when Thatcher died, suddenly all my young people were talking about politics...several of them made this reference and it was obvious that their parents were all talking about her... The community is a mining area originally, it's not anymore and I think in the area there was a lot of mining and manufacturing. I really don't know the economics of it, I just know that Thatcher came in and took away a lot of the jobs. That's my really basic understanding.

Kim's view on deindustrialisation was that the legacy of the closure of coal mines and the resulting unemployment was still present in the community where she worked, as she recalled how several young people made reference to the death of Margaret Thatcher (which occurred in April 2013). Kim, then, is attuned to the intergenerational impact of deindustrialisation in her work context and she shows an understanding of historical socio-economic factors that could affect the lives of the young people she works with.

Likewise, when I asked Sandra what she noticed about the impact of deprivation in the area where she worked, she also referred to deindustrialisation:

As far as I could see the mining had all gone. A lot of the industries had gone. The farms were almost totally mechanised so there was very little in the way of male employmentand I felt there was a lot of very angry unemployed men and the culture is a heavy drinking culture, so I think all that rage, they turned on themselves and their families rather than trying to fight for a better life down there. I think they had been totally let down by politics.

Sandra describes the loss of mining in the community where she worked as a political injustice and suggests this has created a legacy of male unemployment, which in turn has contributed to a culture of alcohol misuse and abusive family dynamics underpinned by a sense of defeat.

Similarly, when I was exploring with Katrina what she noticed about deprivation in her community, she also mentioned the impact of deindustrialisation:

I was talking to a chap the other day and he was talking about the poverty around here and he was saying, well what did you expect people to do? They were all working in the shipyards. Hard working, hard drinking. But there was money available. Then all the jobs went. And what happens is men get angry. So then there's abuse, there's alcohol, because they were all drinkers anyway, and because they're all drinkers anyway there's no money. Then the missus gets angry, and she makes him angry and he's going to hit her.

Katrina recalled how an elderly man whom she had spoken to from the locality where she works had shared his views on how deindustrialisation has impacted his community. From this man's testimony, Katrina also suggests that the impact of male unemployment is related to increased alcohol misuse which in turn could lead to family discord and contribute to domestic abuse.

Jan, like Katrina and Sandra made a link between the impact of unemployment and substance misuse. When I asked her to tell me what she had noticed about the deprivation in her area she told me:

It's been an area of regeneration but there's still a lot of, it still runs quite deep the deprivation. There's a lot of generations of adults that haven't been in employment and there's still substance misuse and alcohol use still a problem.

Although Jan worked in the most deprived area in the study, she was the only participant to make a link between parents being employed and claiming employment related benefits such as free school meals³⁷. Jan also suggested that the parents that were in employment were probably in low paid jobs, thus recognising that they are likely to experience in-work poverty:

It's not an affluent area, definitely not! Most of the employment is from the parents I work with is, for the parents that are employed is, and most of the children in school are receiving free school meals, it's very unusual for children not to, but the parents that do work tend to be employed in retail or manual labour quite low skilled low paid I would say.

When I explored with Linda the indicators of poverty that she would notice with her service users, she gave the following example of a person experiencing destitution:

In my other role at the homeless hostel, poverty is more of an obvious thing. Yesterday one of the service users was walking about wearing these denim jeans that were actually ripped all the way to his crotch and we thought he can't walk about like that because somebody's going to get offended or report him...and it turned out that was the only pair of jeans he had. He didn't have anything else to change into so we had to support him to get new clothing.

³⁷ Since this data was gathered, the Scottish Government had made a commitment to provide free school meals to all children in the first three years of primary school: <http://www.gov.scot/Topics/Education/Schools/HLivi/schoolmeals/FreeSchoolMeals>, although this is not currently an indicator of receiving income related benefits, it was a relevant indicator at the time Jan was interviewed.

This testimony is suggestive of a culture where the person who is visibly poor is at risk of “being reported,” as if members of the public will assume that such an individual was fated to be perceived as ‘threatening.’ Linda was not confident that members of the public would offer empathy, and highlighted that practitioners who are attuned to the emotional impact of poverty are better able to advocate on the behalf of the poor.

When I asked Alison how she would describe poverty, she told me about her work with refugees and described this as ‘extreme poverty’. When I asked her to describe what extreme poverty looked like, she told me:

The work I do with refugees, some of them are destitute and homeless because their appeal route is exhausted, so they're receiving no support at all. So I guess that's actually been the most poverty that I've ever worked with directly in a kind of art therapy setting...They have no rights to access any services that other homeless people might access because they've got no legal status in the UK... I would say that's an absolute destitution.

As I listened to Alison’s testimony I was struck by her sense of hopelessness as she reflected on her work with refugees who are unable to claim welfare benefits and highlighted that they are a homeless section of society who experience a deeper level of destitution because they are not entitled to the types of support that other native homeless people may be able to access. It was obvious that Alison empathised with the structural ‘persecution’ of service users that exacerbated already difficult circumstances despite her feeling unable to challenge the range of macro level forces that are operative.

As a starting point in gathering participants’ views, I firstly explored with practitioners what they noticed about working in areas of multiple deprivation to support me in exploring and interpreting their perspectives and experiences of providing therapy to children and young people affected by poverty. It can be concluded that the most prominent indicators of multiple deprivation noticed by practitioners were: substance

misuse, housing difficulties and economic hardship. However, just because a particular indicator of poverty wasn't mentioned by a participant, this clearly doesn't mean they lacked awareness of this factor in their area of multiple deprivation. Also, having a general cultural awareness of poverty does not always equate to understanding what life is like for CYP and families living in areas of multiple deprivation, and so practitioners have to be self-aware and reflect on 'their own biases' in relation to where they work in order to provide support that is respectful of people despite their circumstances. In order to encourage practitioners to reflect on their biases as well as their practice, equal importance was placed on exploring therapist's perspectives of the indicators of poverty and how it affects CYP. In addition, therapists' perspectives on the impact of poverty and how it is explored – if at all - within art therapy sessions, along with how a context of multiple deprivation impacts upon the practices of the art therapist, is also considered via the following themes which frame the remainder of the findings chapter.

Practitioners' Understanding of Poverty

In order to gauge practitioners' understanding of poverty and how it might impact their professional practice I firstly explore their working definition of poverty. I was interested in exploring whether and what practitioners notice about the reality and impact poverty has on their workplace and practice. Furthermore, my own experience of working with homeless children and young people taught me that a failure to recognise the tell-tale indicators of poverty could create a misalignment in terms of what practitioners imagine is a suitable intervention and what is actually needed. Therefore I was interested in hearing participants' perspectives on poverty as a first step to understanding how this is then explored in their practice. Overleaf is a table that shows all of the themes in this section and the participants who touched on the emerging data relating to practitioners' understanding of poverty:

Participant	Deprivation Rank	Practitioners Understanding of Poverty			
		Not Having Enough	Masked by Materialism	Not Always Recognisable	Poverty or Neglect
Jan	1st	✓	✓	✓	✓
Linda	2nd	✓		✓	
Claire	3rd		✓	✓	
Sharon	3rd		✓	✓	✓
Kim	4th	✓	✓	✓	
Alison	5th	✓	✓		✓
Katrina	6th	✓	✓	✓	
Katie	7th	✓	✓	✓	✓
Sandra	8th	✓			
Mary	9th	✓		✓	✓

Table 4: Practitioners Understanding of Poverty

Not Having Enough

A common description of poverty amongst practitioners was simply the sense of 'not having enough' and this is consistent with the definition of relative poverty. This description was mentioned by eight participants: Katie, Jan, Mary, Alison, Sandra, Katrina, Linda and Kim.

When I asked Katie how she would define poverty, her working definition took into consideration the idea of not having enough:

Not having enough money at the end of the week, being worried, having to make very hard decisions about food and bills. To me that speaks poverty.

Katie suggests that lacking the financial resource to meet basic needs on a regular basis and having to prioritise the competing demands on income could be a chronic cause of emotional distress. In this regard Katie adverted to the potential for people

in poverty to be psychologically confined by their financial circumstances by constantly worrying about not having enough money to cover their bills.

Similarly, when I asked Jan how she would define poverty, she too described it as not having enough:

I suppose poverty would be lacking in what people would reasonably expect to have; so be that in monetary terms, in environmental terms, of thinking about what is actually available, what is our standard of what is acceptable to be available to people, and then lacking in that.

However, for Jan, poverty is not just concerned with meeting basic needs, as she sees not having enough extending to lacking the opportunities that society considers to be normal. Hence Jan suggests that poverty is intimately connected to the experience of the individual and what they perceive as not being enough money to meet the cost of their domestic environment as well as their expectations of what is a decent standard of life.

When asked how she would define poverty, a similar definition is offered by Mary who suggests that not having enough is not just limited to basic needs but extends to the ability to access material goods, which she suggests could compromise a sense of safety and happiness:

I guess poverty is not having enough of whatever you need, whether its emotional poverty or financial or material. Not having enough of what you need to be safe and to be happy.

Similarly, when I asked Alison how she would define poverty, she highlighted that not having enough could compromise the safety of families, such as limiting the options for people to access a safe place to live if there is domestic abuse:

I think perceptions of people who experience poverty, especially popular perceptions are massively underestimated because the common things I would tend to see with the families I work with would be people not having

enough food, people not having money to pay their power bills. People in social housing would have some protection over where they are staying but then if there is domestic abuse that gives people less choices in terms of how they choose to act.

Here Alison challenges popular perceptions of poverty and suggests that these representations do not accurately represent the struggles she has observed in practice, in that people are faced with the tough choice of 'heat or eat.' Alison also intimates that abusive situations can limit people's choice which can also limit their sense of agency; a point of view which resists popular perceptions that suggest people experiencing poverty are complicit in their own circumstances.

A limited sense of agency is a theme also highlighted by Sandra who talked of the emotional impact of not having enough when I asked her how she would define or describe poverty. In her response, Sandra told me that parents may bear the emotional impact of poverty through feeling a sense of failure to provide for their children:

I think poverty has a sense of failure with it; that you can't provide but somehow families are entitled to or people are entitled to, that's probably different for wherever you live. But I think it's just when there's a sense that there's never enough and it doesn't matter if it's food, or housing or education or entertainment but somehow there isn't enough of anything, and I think in the long run it must be totally demoralising for parents that can't provide what they feel they should.

Sandra doesn't make a distinction between how people should prioritise their money and on what because it doesn't matter what exactly a family is unable to afford, the important thing is how it makes them feel and what parents feel is demoralised and that they have failed. Sandra clearly has a sense of empathy for parents who feel unable to provide what they feel their children need, whilst also highlighting a sense of constraint that people may feel when faced with competing demands whether they

are having to make tough choices about basic necessities needed to survive or to experience social opportunities.

When I asked Katrina how she would define poverty, she gave a contrasting view from Sandra in that she feels not having enough *is* connected to the choices parents make with regards to how they *choose* to spend their income. Katrina's view of what causes poverty is quite cut and dried: it is how people choose to spend their money, and in particular, if they prioritise their spending on their children or themselves:

Poverty's an interesting thing isn't it? When I worked in housing you could have two families living next door to each other, both have 3.8 children, both unemployed or working a similar job. One will manage and one won't. So does that make the one that doesn't manage a family in poverty and the other one not when they've got the same income? So what is poverty? For some people it can be where the money is targeted. So one family they will buy the children things, they'll take them out and play with them and the other family won't basically. They are both probably breadline poverty anyway but its how they choose to spend their money.

Despite the suggestion that parents are complicit in their own experience of poverty, Katrina highlights an important point that not having enough and experiencing poverty can happen to families regardless of whether or not they have a job, which highlights an awareness of in-work poverty. As we discussed poverty further and how she would define it, Linda (like Katrina) was also of the view that having a job was not necessarily enough to prevent poverty:

You could even be working and be in poverty, so it doesn't even come down to if you've got a job or you don't have a job because you could have a job and be struggling still to make ends meet... I think just not being able to access the same things, the amount of food that you would want, clothing you would need, not being able to go on holidays and finding it difficult to make ends meet each week.

However, Linda holds a view similar to that of Sandra, Jan and Mary as she doesn't differentiate between what is a priority in terms of how income should be spent. Linda suggests that the basics, as well as opportunities to participate in the activities that society considers as normal, equally contribute to a sense of not having enough, so that both the family who may make the correct spending choices too will have a sense of not having enough.

As I discussed poverty with Kim and asked her to tell me something about her views, I learned that professionals could also be at risk of in-work poverty as Kim shared her personal experience of in-work poverty due to earning below the living wage, so that there is the potential for in-work art therapists to experience poverty:

I was looking at some statistics of what a living wage should be for a single person. I live by myself and what I earn is actually lower than what the living wage should be. I was actually like I'm kind of living in poverty myself ... But I don't sort of see it as living in poverty because I'm from a nice middle class family. But actually, now I'm barely scraping by and I know how angry that makes me and I suppose the people that have never had, they've never had.

Kim focuses the definition of poverty on her own experience rather than imagining what it would be like for the children and young people she works with and has been a stranger to poverty in her life as coming from a 'nice middle class family' has protected her from poverty. However, rather than successfully challenge her assumption of 'who the poor are,' Kim in the end seems to draw a distinction between herself and others experiencing poverty in that she is somehow entitled to feel angry compared to people who have never had or who have always known poverty.

From what participants have told me about how they would define poverty, it can be seen that there is a fundamental awareness of what a person or family would be lacking for them to experience not having enough. However, it is interesting that the various responses capture and imagine not only what it would be like for CYP and

families to 'not have enough' but also the idea that practitioners themselves might be vulnerable to not having enough.

Masked by Materialism

When asked to reflect upon the indicators of poverty in areas of multiple deprivation, seven participants (Kim, Katie, Katrina, Jan, Sharon, Claire and Alison) explored what they saw as a *conspicuous materialism* that masked poverty. The notion of poverty being '*masked by materialism*' was another theme to emerge from the interview data as my participants considered materialism was a way to mask vulnerability, and a way for people experiencing poverty to simultaneously recognise and deflect their concern at 'being poor.' Therefore conspicuous examples of material consumption were important and meaningful for clients because they made them feel more integrated into society and normal and thereby reduced the threat of stigma. Materialism or conspicuous consumption also led some participants to question the priorities that people experiencing poverty placed on their income, suggesting a misappropriation of spending. For example, when expanding on how she would define poverty Kim raised the notion of misappropriation by questioning people having designer goods when, in her view, they lack the money to afford the basics:

I do sometimes wonder when you see people and they've got all these fancy phones and all the fancy designer tracksuits but don't have any money to buy the basics. And I do kind of think what's gone wrong here...but then I suppose if you've never had, if you get the opportunity to have something then you want it.

Kim's concern regarding people in poverty spending scarce funds on material goods at the expense of meeting basic needs is, of course, a revealing projection on her part; insofar as Kim's view is that people on low-incomes not living within their means is transgressive.

Katie expressed a similar concern regarding misappropriation when I asked her how easy it was to separate poverty from popular materialism:

One thing that comes up a lot with my colleagues is what we had when we were kids and what the kids we work with have. And some of them will be more from backgrounds where there isn't money but there's usually a large flat screen TV, a much better mobile phone than any of us have or could have and I guess a lot of that comes from credit. People buy things they can't afford. Maybe that's their priorities.

Katie and her colleagues then, and perhaps professionals more generally, question the purchasing choices that poor people make and surmise that people in poverty must access the latest gadgets on credit as such technological purchases seem to be financially out of reach even for Katie and her colleagues. Hence, when Katrina and I were discussing indicators of poverty in the community she too raised the idea of misappropriation:

Sometimes they'll say they've got things and I just think 'Oh my goodness,' how did they manage that? For example, they'll have a dog and it could be an £800 pedigree but they're drinking out of jam jars, so there's this really kind of skewed sense of what's right or normal. It's just bizarre!

Here Katrina shares that she is unable to understand a family's choice to own an expensive dog when they don't have the basics such as cups, suggesting that the priorities of this family is distorted and when I explored with Katrina if this type of misappropriation was common in her community, she replied:

It's a bit of allsorts really. I think one thing that struck me was if there's a family that you know the children drink out of jam jars or whatever you would think there would be some neighbour that would give them some cups.

When I explored with Jan the visibility of poverty in her community, she also highlighted the potential of misappropriation but was of the view that children's material needs are still met despite there being a lack of money:

I think materially the children probably have more than some others because I think there is a mentality within the community of giving quite a lot, so...if there's not money there's still money for a computer game or a console or a TV. You know the material goods are there.

However, when I explored the visibility of poverty with Sharon, rather than focus on misappropriation, she highlighted the importance for young people to have the same material goods as their peers:

Its comparative, poverty. That's what I notice, especially with adolescents. They're hypersensitive to what they wear and also the digital gadgets and where they go, if they've been abroad. So it's really experienced as comparative and not as being hungry.

For Sharon, then, indicating that poverty is a reality and a threat that has to be inter-subjectively negotiated (either revealed or kept at arm's length for a while) insofar as when pupils talk about their lives with each other, the priority for the teenage psyche is not just having what other people have but being inter-personally seen to have these things, rather than complying with adult moral concerns of living within one's means. When I asked Claire if she had anything to add to what Sharon³⁸ had told me, she added:

I've seen it. Working with teenagers and young people that I suppose have symbols that are expensive and the latest stuff, it seems to be really important to have that. If you don't have it then there's a wee bit of slagging off within groups, so there is a pecking order within groups regarding the gadgets and things you've got.

From the examples that Sharon and Claire have given me it seems they are attuned to the psycho-dynamics of young people and the need to have the latest material

³⁸ Claire and Sharon participated in a joint interview

goods which can function socially to mask vulnerability and function psychologically to reduce stigma among the peer group.

When I touched on what Katie has noticed about young people's relationships to materialism and asked how she explores this with young people, she told me:

Young people can be quite concrete I think about things like 'I can tell dad cares about me because he got me this phone for Christmas'. They see things in very concrete terms. But also sometimes feeling guilty or being made to feel guilty but parents who are saying 'I can't afford to buy you this' or 'you just keep wanting things' because kids often do. So their dialogues are in and around 'I can't have this, I want it. My friends have this and I'm embarrassed or ashamed because I can't have it' or 'mum and dad said I want too much but I didn't really want things that much'. That's kind of how it gets explored.

Here Katie highlights the guilt and pressure that children and parents try to make each other feel to both receive and provide material goods and that this is a conflict that Katie has explored with young people in therapy. Katie also suggests that the pressure to give and receive material goods is heightened at Christmas, and that young people use this as a measure of being loved or cared for.

When I asked Alison what she noticed about how poverty is explored in therapy, she too highlighted the pressure of Christmas and suggested that it creates an expectation which causes difficulties not only for parents but also for children who then bring this anxiety into therapy:

I think poverty has a massive impact not just materially but on experience ... I think it can be a huge thing before Christmas and after Christmas. It's a really difficult time and I think young people and children bring in a lot more to therapy at that time of year just because there's this massive pressure that there's an ideal that's based on wealth and the reality's going to be disappointing in some way.

Not Always Recognisable

Another theme to emerge from my data was *the invisibility of poverty* and this theme was explored by eight participants (Linda, Katie, Kim, Mary, Katrina, Jan, Claire and Sharon). When discussing the children and young people they work with, practitioners explored a variety of ways in which poverty is not always recognisable among children and young people who are either looked after and whose basic material needs are being met, or due to a neat and tidy appearance, are able to mask vulnerability, or it being out with the remit of the therapist to see a child or young person's living environment. Another theme to emerge was children and young people themselves not recognising that they are affected by poverty. For professionals, of course, not recognising poverty could be a real problem insofar as struggling to recognise poverty could lead to difficulties in assessing the challenges that their clients might be facing if no-one notices their situation.

In this regard, when I explored with Linda what she notices about poverty in her role as an art therapist with children she seemed unable to give an example. I then probed her further by asking what she notices about poverty in her other job in a homeless service for adults:

If you were to interview me asking me about my experience of poverty within homelessness I could probably give lots of quite obvious examples of working with poverty... It's just such an issue that's kind of in your face, whereas within art therapy and definitely within my current role it isn't an obvious thing. But it is something that a lot of the kids are probably living with but you just don't see it...you don't see where they're living and you don't see the day to day things that they're having to deal with.

Linda suggests that although poverty is likely to be an issue for many children that she works with in her current role as a peripatetic art therapist, she does not have any access to the domestic contexts her clients are living in. Of course, not seeing home

environments is likely to arise from protecting therapeutic boundaries and therapeutic space and concerns over confidentiality, but this raises the question of how does the art therapist contextualise their practice if finding out the background of clients is at the mercy of extraneous factors.

Similarly, when I explored with Katie what she notices about young people's backgrounds, she suggested that a neat appearance and school uniform conceals the contexts that young people are living in:

Actually I think I'd be very shocked if I saw some of the environments young people I see come from. I see them all in their school uniform all more or less looking well enough presented.

When I probed further Katie told me that a neat appearance has led her to assume that some of her young people are middle class, only to have that assumption change upon finding out where they live:

Sometimes we have to send out letters and I check where the postcode is on Google. Sometimes I hit the satellite and you get the street view and I'm really surprised to see that someone who I thought was basically a middle class kid actually come from an area that doesn't look that great at all.

When I asked Kim how she would be able to identify the indicators of poverty in a young person, like Katie, she reflected that a neat appearance and a school uniform can conceal all manner of realities and that only when hearing their stories does any vulnerability become obvious:

With most of the young people I see they have the school uniform. They have the blazer, they sort of manage to pull it together somehow but then you listen to them, their stories and you're like 'How did you manage to get up this morning?'

When I probed Kim further and asked her the question '*In your assessment of a young person, how would you know that they were experiencing poverty...big televisions,*

trainers and mobile phones aside, what indicators would make you feel concerned?', she told me:

I feel like poverty is never written on a referral from...It's in and around, you can just sort of tell that it's there....you don't overtly see poverty in the room; you see drug and alcohol abuse, you get young people talking about mum and dad not working, so you make the assumption that they must be on the breadline.

Poverty, then, is not written down and has no textual existence. Instead, it is manifested through such indicators as substance misuse and parental unemployment. In this regard Kim admitted that she makes an assumption that young people must be living in poverty or are 'at risk' of poverty when she learns of parents having such issues.

Another life circumstance for children and young people that could mask the visibility of poverty was addressed by Mary when I explored with her the visibility of poverty in sessions. Mary too suggested that a neat appearance can mask poverty as the young people she works with normally present well due to them being looked after and accommodated in foster care:

The children I see won't now be living in poverty. They are well dressed and well-presented and washed and fed so it's not as physically apparent.

When I asked for a concrete example from her practice as an art therapist, Mary spoke about one child who despite no longer living in an impoverished situation, is still affected by poverty:

Even though now he doesn't live in poverty, the overhang from it; he's only been in care for two years so the overhang of the first eleven years of his life is sort of huge. It's not something that just switches off when there's food in the cupboard.

What Mary highlights here is that the legacy of poverty is often still a factor that results in on-going vulnerability for looked after children and young people even when their basic needs are being met. When I asked Mary how she felt this young person would describe his experience of poverty, Mary replied that he would be in denial of this and that it was difficult for him to accept that he was affected by poverty:

He probably would say something like 'I wasn't poor because I had a bike and I had clothes.' But actually the reports from the time are that he wasn't ever clean. He was always in the same clothes, he was really neglected and actually he perceived that having one thing of dear value such as a bike mean you can't also be poor.

When I asked Kim how she feels young people would define poverty, Kim suggested that for the ones who are aware of being in poverty, there would be a general acceptance that everyone is in the same situation:

Would they be aware of poverty? Some of them definitely do know. I think maybe there is some of them you kind of get the feeling that it's just accepted; that's how it is. No-one has any money, we're always all skint.

Similarly, when I asked Katrina how she felt her clients themselves would define or describe poverty she too questioned if children would be at all aware of it and suggests that children are likely to recognise when people have more than them materially, rather than identifying when they themselves are lacking the basics as their poverty is often invisible as it is their norm:

I don't know if that many of them would be aware of poverty because there's a lot of it. They see kids that have got more than them. They see kids whose parents have got nicer cars. A lot of them think poverty is more about a car or whether they've got a decent phone... I was working with a child who had a big TV but they used to drink out of jam jars because they had no cups.

Jan also suggests that the children she works with appear resigned to poverty being the norm, and so would be more likely to recognise when people have more than them materially than to see themselves as being deprived:

I think the children don't really know any different so I don't think poverty is a word that they would probably use. I think that they know what they have and what they don't have...so I'm not sure that the children would think of it so much as being deprived.

The testimonies from art therapists presented above suggest an assumption on the therapist's part that children and young people don't easily recognise when they are in poverty, or if they do, it is tied in with not being able to access material goods. Similarly, when I asked Linda how she feels young people explore poverty she suggests that they would be more likely to notice what they have and don't have materially compared to their peers, rather than seeing themselves objectively as living in poverty:

I would say young people would define poverty more probably in material terms, not being able to get the game that's out that week or going on school trips would be a big thing for kids.

However, Linda also considers the impact upon young people being denied opportunities to participate in activities that wider society represents as normal, such as school trips. It can be interpreted that for young people, then, social exclusion might be what alerts them to the fact they are experiencing poverty, rather than a lack of material goods.

In the following testimonies it can be seen that some of my participants feel there is a denial of poverty amongst young people within their peer group who align themselves with celebrity culture and use materialism to mask their vulnerability and protect them from social exclusion. Hence, when I asked Claire and Sharon if they felt that children would recognise if they were living in deprivation, Claire touched upon the denial of a

context of poverty or multiple deprivation amongst young people whilst such children would embellish or exaggerate what they have materially in order to fit in with their peers and mask any vulnerability. In this regard, denial is perhaps an 'ego defence mechanism' to escape the limitations of poverty and safeguard against feelings of shame:

There have been times when I've felt that the young people know that they are living in poverty... there's stories of 'I got a new this', 'I got a new that', and the stories contradict each other if you listen. They've got something, and then they've not, and it's all because my cousin's got such and such...I wonder though...saying that they've got these things like it's some sort of passport to being not poor, and quite often the stories of having these objects, these latest gadgets, seemed as if they weren't as true as they wanted you to believe. So I wondered if that was a feeling that you've got to say 'I'm okay because I've got these things'.

Sharon expanded on Claire's response and touched upon the denial of poverty in young people who constructed a fantasy self around celebrity culture as a form of psychological escapism:

I remember when I worked in a drugs initiative. So many young people were sending letters to Princess Dianna or people super rich, and they seemed to make this link between escaping poverty and celebrities to compensate for their own situation.

When I asked Katie what she thinks young people would consider to be 'well off', she also linked denial of context and experiencing poverty and saw a triangulation of young people, escapist fantasy and celebrity culture:

There have been some young people I've seen who have talked about feeling embarrassed by what they don't have and what their parents can't provide for them.... But I suppose that's about status and peer pressure ...The stuff they see on TV, bling and music video wealth... these ideas that they see on TV.

It's a very glitzy kind of wealth and there's this vacuum between them and that it's like, they don't have any idea how you would actually earn a lot of money.

Informants raising the issue of the invisibility of poverty then is something I interpret as clear evidence that my participants were not in a position to know the 'whole lives' of their clients either because their remit might not allow them to see the environments where clients live or that they might not be able to access 'back channels' of knowledge via teachers or social workers, for example. From the testimonies presented, it can also be interpreted that practitioners who are not in a position to be aware of the full circumstances in which their clients live are more or less fated to miss important contextual factors or make inaccurate assumptions about a client's background or circumstances. Finally, reflecting upon the participants' views above it is interesting that art therapists like their clients have views of poverty but stay at face value and at a superficial level, rather than going on to describe any psychoanalytic insight on the lived reality of poverty or deprivation that they might have garnered in the course of their therapeutic work with children and young people.

Poverty or Neglect?

Given that poverty can be invisible and is not always recognisable to practitioners or even children and young people themselves, I asked practitioners to tell me some of the indicators that lead them to believe that children and young people are affected by poverty. From the responses given by half of the practitioners (Jan, Sharon, Katie, Mary and Alison,) it seemed as though the indicators of poverty are closely aligned with indicators of physical neglect, which is another theme to emerge from the data. For example, children appearing unkempt or wearing inadequate clothing or presenting as hungry. This sub-theme suggests that there could be further difficulties in identifying where poverty is a factor for children and young people who are likely to be affected by an accumulation of concerns that constitute physical neglect, meaning

poverty may be less obvious or less of a focus for the practitioner if there are overt child protection concerns.

In response to asking *'what are the indicators that make you think that poverty may be an issue for a child or young person'*, Jan told me:

When thinking about indicators of poverty... I suppose the basic sort of observations skills about how the child's presenting, their clothing if they've eaten if they're hungry and these are kind of child protection things I'm always aware of.

Remarkably, Jan suggests that she would immediately think there was a child protection concern when faced with indicators of poverty, as if poverty per se was a child protection issue. Similarly, when I explored with Sharon *'the indicators of poverty that would make her feel concerned for a child'*, she responded:

Indicators of poverty? There are various forms of physical neglect, the way they dress, the way they care for themselves, the way they engage.

When I asked Katie *'Do you ever see any indicators within a young person that would make you think that poverty is a factor for them?'* She also suggested that the way a young person is dressed may indicate poverty whilst highlighting that it could also indicate something else, alluding to neglect:

I think the obvious things that indicate poverty is self-care. I mean you see kids their clothes are maybe dirty or not in good condition and it maybe begs questions about do they go out like that in the morning and what's that really about? It may not necessarily be poverty but it might well be.

When I explored with Mary if she felt there was a relationship between deprivation and neglect, she told me:

Most young people have come from really neglectful and deprived backgrounds, both sort of in attachment context but also in terms of literal poverty and substance abuse and having to care for younger siblings or having

to just fend for themselves in terms of finding food for themselves and their siblings.

Mary highlights that the children she works with have experienced poverty and neglect due to parental substance misuse, and there is the suggestion that the children themselves have become young carers by stepping into the parenting role for their younger siblings.

When I asked Alison if she had noticed children exploring poverty in art therapy sessions, she also related poverty and experiences of neglect:

This might cross over between neglect and poverty but some children might, once they are more stable or safer, are acting out how children should be treated and have played with baby dolls and lavished them with everything they were not lavished with and that's everything, that's hugs and clothes and food and drinks and 'quiet to sleep' and it's the full range of material things and emotional things.

In addition, Alison made an important suggestion that when children are in a safer place they can play out the neglect they have experienced when they are in a safer environment and may re-enact their caring role through play in the therapeutic space:

I suppose with this particular boy you very much get the feeling that he's missed out on a lot of mothering. He's sixteen but he does a lot of playing with the art materials and it's very much like little kiddie voices he does whilst he's doing it and you just get the feeling that he's been really deprived and I suppose for him it's made him realise that things haven't always been right because he was saying he'd had an argument with his mum and he was saying how he could remember as a kid sleeping on a bed without a duvet cover, just on a bare mattress and she was like 'No. That never happened!' And he was like 'I remember this'. And I suppose the thing is when you're a little kid you just accept that that's what happens; my parents have given me a mattress to sleep on so I'm going to sleep on it and no one questions it. But he's now reaching an age where he's going 'That wasn't right' and having somebody

listening to him and letting him have a chance to process that and say that's not right.

From Alison's testimony, therapy has offered this young person a space to reflect on what he has missed out on by allowing him to regress and experience being a child again, which has allowed him to reconnect with his experience of poverty and connect it to feeling neglected in a safe context.

More generally, it seems from the data presented that practitioners might be at risk of confusing the indicators of poverty with the indicators of neglect or conflating the two. Of course some CYP will have experienced poverty and neglect, and concerns for their welfare will have been raised which may have contributed to them attending therapy. However, if practitioners aren't in a position to make an assessment of the wider environments of CYP and are only working with the symptoms that present themselves in the therapy room then opportunities for contextualised interventions could be missed. Therefore it could be interpreted that confusing poverty with neglect could present difficulties in terms of what is an appropriate intervention if an assumption is made that a child's needs are being neglected rather than there being no money to meet the child's needs.

Practitioners' Understanding of how Poverty is Explored in Art Therapy

In addition to exploring how practitioners define and describe poverty and the indicators of multiple deprivation I wanted to explore if and how children and young people explore poverty in art therapy sessions. Trying to gain some insight into practitioners' understanding of how poverty is explored was not intended to test their practice but to facilitate a discussion that would enable them to share examples of how art therapy is utilised by children and young people affected by poverty.

This section is not designed to give a comprehensive and in-depth account of what art therapy is, nor offer a practice manual, but rather to offer practice examples that

will give the reader some insight into how children and young people explore their experiences of poverty in the therapeutic environment in order to contextualise what art therapy can achieve within a context of multiple deprivation.

From what practitioners highlighted, it can be seen that children and young people explore poverty through symbolic or actual consumption of food and art materials. Leading on from this theme was CYP showing a degree of restraint when approaching art materials, and it was also found that CYP used art therapy sessions to understand their lived experiences and explore fantasy around social norms. Below is a table that shows all of the themes in this section and the participants who touched on the emerging data relating to practitioners understanding of how poverty is explored in art therapy:

Participant	Deprivation Rank	Practitioners Understanding of how Poverty is Explored in Art Therapy		
		Consumption	Restraint	Exploring Norms
Jan	1st	✓	✓	✓
Linda	2nd	✓	✓	✓
Claire	3rd	✓	✓	✓
Sharon	3rd	✓	✓	
Kim	4th			
Alison	5th	✓	✓	✓
Katrina	6th	✓	✓	✓
Katie	7th	✓	✓	✓
Sandra	8th	✓	✓	✓
Mary	9th	✓	✓	✓

Table 5: Practitioners Understanding of how Poverty is explored in Art Therapy

Consumption

When I asked the practitioners what they notice about the indicators and the impact of poverty in art therapy sessions, nine participants (Jan, Claire, Sharon, Alison, Katrina, Katie, Sandra, Linda and Mary) mentioned *consumption*. This was captured

through children either exploring food in sessions and presenting as hungry or using up or hoarding art materials and making symbolic food in sessions. When I asked Jan if she noticed any barriers that poverty might present for children, she stated that the main barrier was food due to children turning up for school hungry:

The main ones would be the food, the children that turn up without their breakfast and things. The school staff are very alert to that and the child protection procedures. The office staff are really on the ball and will provide the things. There's food; if its non-attendance then that gets picked up very quickly with the school system.

Although there seemed to be a system in place for the school addressing when children arrived hungry, I wondered if this was something that was ever addressed in the therapeutic space and I explored this further with Jan by asking if children ever explore food in sessions:

I know in the play sessions food is one of the main themes. There's lots of play around cafes and eating and it's the nurturing through food.

When we were exploring how poverty impacts on children, Katrina also mentioned food. However, in contrast to Jan's view that schools provide food, Katrina feels that schools don't provide *proper* food, which she suggests may lure parents into a false sense of security that children have been fed, so that parents may feel they don't have to provide an evening meal:

Schools of course don't really provide proper food, a couple of generations ago schools used to provide proper food. So kids are going to get just as much junk at school as they are at home. Some kids don't get fed when they go home. They have a sandwich because school is supposed to have provided a meal.

When I asked Katrina if she felt that a lack of food impacted on children's emotional health, she told me:

Often...if they're being deprived of food they're being deprived of any care because love and food are very together aren't they? Kids are out to play, they're in if they're hungry, if they're not they're not. But there's not that 'Are you hungry? Do you want fed before you go to bed?'

Katrina's response seems based on an assumption about children's home lives lacking a mealtime routine rather than something she has directly observed in practice.

When exploring how she encounters poverty in her professional role, Claire also mentioned food and told me that she notices children coming to groups hungry and suggest this is because meals at home may not be regularly available, also implying there is a lack of mealtime routine:

I suppose I notice children that have been hungry when they've come along to the group. I think just having that reliability of breakfast, lunches and not just a case of missing them but they're not around a lot of the time.

When I probed Claire to find out if this was an assumption on her part or an observation from her practice by asking if children ever explore poverty in her art therapy sessions she replied:

The lack of food at times around for children and in the early years if they've stayed with their parents and it's been chaotic sometimes it comes out in their play... maybe we've fed things back to the grandparents and they say 'Oh they're terrible eaters.' Yet the whole session has been around food and looking at toy food.

Claire, like Jan suggests that food is a theme to emerge in children's play during their art therapy sessions. When I asked Claire if she had anything to add to how poverty is explored in art therapy sessions, Sharon suggested that although indicators of poverty are manifest in a whole manner of emotional and behavioural difficulties, she feels that when children are hungry in sessions they are unable to focus:

Poverty is not actually voiced so directly...it's more expressed emotionally as insecurity, as a sense of chaos, unpredictability of lifestyle or it's expressed as challenging behaviour. If they're hungry it's not being able to concentrate.

When I probed Sharon further to ask if children ever explore hunger in art therapy, she replied:

Well, I think there is an analogy of art materials and food in terms of putting materials on the table. It's like laying the table for dinner and you can see the responses and we do bring food in. That was one thing that we noticed years ago that it made sense if children come after school to provide nutritious food.

From Sharon's response it seems that she feels that some children relate art materials to food and that she and Claire have made a conscious choice to address hunger in art therapy sessions by providing physical rather than metaphorical food.

Alison is another art therapist who suggested that food is explored by children in art therapy. When I asked her what she noticed about the relationship between poverty and food in her work, she told me:

I notice children not having enough to eat. I notice a lot more parents going without to let their children eat the food. It kind of impacts on lots of ways. I would say I've noticed parents not eating food so their children can eat...I've just worked so much with children coming in hungry to sessions and having to be fed.

Alison suggests that rather than a lack of food being due to a lack of routine, parents will go hungry in order to prioritise the needs of their children. When I asked Alison if she brought in food to sessions, she told me:

I would have fruit available and diluting juice and cereal bars or crackers. And for some children that really wasn't a problem but for other children it really was, and I think when I was working with children who had been severely neglected early on, it was almost like you had to work through the concrete object before you could work through any kind of idea of feeling. I think some children could make a connection with a foodstuff and then once they realised

that was fine, then they might move on to using art materials in a similar way which is about wanting to collect things and have to keep.... It's dealing with the idea that something can be repeated and be relied on... It's quite complex and quite shocking how basic the material of what you're working with is, but also so important that you couldn't do anything else until you had done that bit.

For Alison, then, a contextual art therapy means that in therapeutic sessions it is vital for the therapist to address hunger before any emotional work can be done. Alison also suggests that hunger in sessions could be an overhang of early neglect where her therapeutic focus is to work through this by introducing and maintaining regularity of both food and art materials, which then allows children to continue exploring a metaphorical hunger through the use of art materials.

Katie, like Alison, also made a link between food and art materials when I asked her how young people used art materials in sessions:

I know there's a lot of literature that's been written about art therapy and the metaphor for food and what your offering and things getting used up... There's always 'Is this for me?' 'Am I allowed to do this?' Often they don't help themselves; they have to be given quite a lot of encouragement to use things. They're used to not being allowed things which is what I feel.

Katie suggests that art materials being a metaphor for food is tied in with young people needing permission and when I reflected this back to Katie by asking 'So they wait for permission to use the art materials?' she told me:

Yeah they don't tend to get greedy with them which would be fine if they would but I've never had that happen really.

I then probed further by asking Katie if she could tell me more about the relationship between art materials and food:

Its' the kind of Winnicottian view of art therapy and what your offering to the young person, can they take from you and are you supplying them well enough.

Katie, like Alison suggests that the art therapists becomes the good enough mother in the Winnicottian sense where there may be issues with children or young people feeling that they have never had enough, which could be interpreted as being directly linked to experiencing poverty.

When I asked Sandra if children ever explore poverty in art therapy, she told me:

Well I think sometimes it goes back to stories, you know like Hansel and Gretel come in a fair bit. I think there's starvation and sometimes there's greed because there's a sense that they've never ever had enough.

Sandra's response like Katie's suggests that children and young people explore food if they have not experienced having enough, and when I asked Sandra if she could elaborate on how children explore starvation and greed through the art materials she replied:

I think probably through paint...I never fill palates, so I always leave the bottles...there might be three palettes on the table and children may fill every single one to the brim but they don't actually use them. There's something about them being able to fill something to the brim, and you can see if that's just allowed and not really commented on after a few weeks it stops. But there's a sense that there's never been enough.

Sandra's contextualised way of helping children to work through their need to explore 'having enough' is to deliberately prepare for and allow them to direct what they feel they need without Sandra intervening to regulate this for them, so here the therapist is empowering the child by giving the resources and autonomy to decide what they feel is enough.

Another type of noticeable consumption that practitioners spoke about in sessions was the 'using up' of art materials. Some practitioners felt that the using up of materials was a way for children to test boundaries in the sessions. However, it seemed from what practitioners were telling me it can be interpreted that there was a connection with children using up art materials and the earlier discussed definition of poverty 'not having enough', in addition to children perhaps being preoccupied with physical hunger. To understand what children affected by poverty explored in art therapy sessions I asked practitioners to tell me how children engage with the art materials. In response to this question, Jan told me:

There's a lot of pouring and mixing and testing the boundaries of the containers and spilling over.

It seemed Jan was suggesting the children were testing to see what was allowed to be consumed in terms of art materials, and when I probed further by asking if she felt children's choices in the art room was influenced by materialism, she told me:

Something that's a constant battle is paints. Things are replenished at the beginning of each term so if they run out then the children need to be helped to deal with that, but there is always an urge to just give and give but, actually, what's useful for the children is to just work with what there is and what they've got and know that things will be replenished at agreed times.

Here Jan highlights an anxiety that might be present for children that materials won't be replaced and that the need to use everything up is actually the need to test if they can be replenished and relied upon. Similarly, when I explored with Linda how children explore poverty in art therapy sessions, she too highlighted a practice example where a sibling group (who each had individual sessions with Linda) wanted to use up all of the art materials:

It was a family of three kids I worked with and each one of them was the same at first. They couldn't get enough of all the materials and wanted to use everything. There was this 'Wow I can't believe there's so much here.'

When I asked Linda if she could tell me how the siblings used art materials in their sessions, she replied:

At first with all three of them it was like they just used everything and I had that sense of worry that I was going to run out of the materials because everything I provided was getting used up quite quickly. The youngest one especially would come into the session like a little whirlwind going round all of the materials and wanting to use everything up.

If initially Linda herself was worried about not being able to replenish the art materials she went on to tell me that when the children were able to work through this and they developed a concern for each other that there would be enough materials for all of the siblings to use:

But there was also an aspect of it that was quite touching between each of them because...there was always a sense that they were looking out for each other at times as they would ask if there were materials for each other to use as if they were looking out for each other and making sure none of them missed out. Mostly they were just checking with me that there were other things there for their siblings. Sometimes it was the opposite as if they were using something up before their sibling got a chance to use it; it was a bit of working both ways. Quite a conflict there.

When I asked Sharon how she felt poverty was explored by children in sessions, she also adverted to children wanting to hoard materials, suggesting there was an anxiety that they wouldn't be replaced:

Sometimes children would when we had an art room would almost hoard certain things and store them like an adult would do in case there was no continuing provision.

When I asked Sharon what she thought this hoarding was about she advised me:

Well the children had become little adults in the sense that they were the ones who sometimes went shopping for milk and bread and had to keep an eye on the necessities.

I then asked Sharon how she thought children who are in that caring role would explore poverty in art therapy sessions:

In art therapy, poverty is expressed through the materials that we had, and with the children, there would be excessive use of glitter glue, binging on sensory stimuli and 'gosh can I have this?'

When I asked Katrina what she had noticed about children playing out their poverty in sessions, she also mentioned children wanting to take materials away:

There's 'I've got a big piece of paper and a paint brush and I'm going to use your entire paints and I'm going to walk off with a pocket full of your crayons as well.' So there's a bit of that.

When I asked Mary what would alert her to poverty having been part of a child's experience in a therapeutic session, she advised:

I've noticed children wanting to take things away from a session a lot and 'Can I have this?' and 'You've got five of those note pads can I have one?' That's a really difficult thing for them to walk away from and trust that you won't have sold it or whatever they think I'm going to do in the meantime.

Mary's testimony suggests that children's over consumption of art materials stems from a lack of trust that materials will be available when they return for subsequent sessions. Similarly, when I asked Alison to tell me what she had noticed about children exploring poverty in art therapy sessions, she highlighted that children can hoard materials which she thinks is related to their anxiety about things not being replenished:

I guess thinking about children and how they explore it in art therapy, a lot of children would want to put materials aside. A lot of children at first might put some materials aside for their exclusive use so that no one else can get them

or it might be issues around trust. There might be children who want to use up the entirety of the materials because they're not sure that you'll ever get any more.

When I asked Sandra to tell me how she felt children affected by poverty responded to art materials, she told me:

Well one thing...I don't use glitter anymore! Very rarely because I think glitter is very often used to mask the fact that something is considered maybe ugly or dark, so I find that the constant pouring of glitter is actually covering something up and I think it's better left as it is.

Here Sandra suggests that using up materials could literally be a mask for how they are really feeling as, like Sharon, she referred to children 'binging on glitter'. When I explored this further and asked Sandra to account for this fascination with glitter she replied:

It's just that sparkly surface, its Disney, I don't want Disney in here. I'd rather have the Brothers Grimm any day.

When I asked Sandra if this was because she felt the Brothers Grimm was more real compared to Disney, she replied:

Yeah, I want children to get in touch, even if they're getting in touch with something difficult and painful. That's better than having the false self so you want children to be in touch with what they're actually feeling.

By limiting the use of glitter, then, Sandra was trying to remove the temptation for children to mask their feelings through a fake consumerism and instead encouraging them to explore how they are feeling.

From the testimonies presented it can be interpreted that consumption is an important theme for children and young people in art therapy sessions and could be a way for them to voice or explore their experiences relating to food and a way for them to unconsciously examine not having enough. It is interesting to note that whilst some

practitioners worked with the idea of hunger symbolically, some took measures to directly address hunger by providing food for children and young people in sessions and thus adapting their practices to meet the context they were working within.

Restraint

Another theme to emerge from my interview data is that of *restraint* which seems to contradict the earlier theme of children happily and enthusiastically using up all available materials. With the exception of Kim, all informants told me there is an apprehension and anxiety amongst children affected by poverty about whether they are entitled to use the art materials or to even attend therapy, as if they are not worthy of such resources or attention as a result of a lack of self-esteem. It was also highlighted that some children and young people have not had the experience of using art materials and perhaps don't know to use things that are so basic because they have either lacked cultural experiences or are more used to engaging with technology.

When I asked Sandra if children affected by poverty ever explore social exclusion in art therapy, she replied: "*Oh yes, I think they do very much so, very much so.*" And when I then asked her to tell me what that looked like she replied:

There's a sense of very low confidence and very low self-esteem and feeling that they don't actually deserve the therapy. So there's a lot of boundaries that you have to get past with children who have experienced poverty, to make them feel they have an entitlement to therapy...I suppose it is that self-limiting, tiny amounts of everything and not wanting to take...perhaps taking a damaged bit of paper rather than a fresh one. It's like they feel they don't deserve something that's new and entire, taking a scrap and not being pleased with their own efforts. Things going very quickly in the bin. It's never quite good enough and I'm having to say to them I'd rather they didn't put it in the bin, if they don't want it I'll keep it... I like to give the sense that everything's valuable.

Sandra has noticed children showing restraint in how they approach materials and not feeling worthy of taking new materials and giving the sense that somehow they

are going to waste the materials through their efforts which ultimately end up in the bin. I then explored with Sandra if she felt art therapy can help to build children's self-esteem:

I think poverty must pervade every aspect of their life that they don't deserve and you do see it in the way they approach the materials. But the beauty of art materials can really transform a child... you can just see the joy in their faces and the fact that they run to the art therapy room. This is their space and I'm very aware that it's their space and in this space anything can happen. So it's a magical quality and aspect to the work, especially for children who maybe have been limited or have felt that there hasn't been that breadth of opportunity. It's just wonderful seeing them starting to take for themselves what they need.

Sandra suggests that for children who have limited options and a feeling that they are 'undeserving' due to their experience of poverty, art therapy can support them to develop confidence as they become able to meet their own needs by using art materials. Children demonstrating restraint and a lack of self-esteem by feeling they have wasted materials was also highlighted by Mary, who spoke about a particular child when we were discussing how children affected by poverty respond to art materials:

I think it's really, just he feels like it's quite a luxury for him that there are canvases and paints and it's not, and he always says I've wasted all of this and I say you haven't wasted it, you've used it up but I'll buy more and it's not a waste just because it finished. He has a real sense that he's wasting, and it's an ongoing process to try and explain that that's a valued use of something just because it's you that's used something up it doesn't make it waste.

When discussing how poverty is explored in sessions, Linda also highlighted a child demonstrating restraint and a lack of self-esteem in sessions by limiting what she used:

An example I can think of is a little girl I work with and she was drawing something. She had a sheet of paper and she was cutting something out and she would make sure she cut out near to the edge so it was saving the rest of the paper, and I always felt when she was working it was evident that she didn't want to waste anything. I had a sense of everything being precious...Her background was neglect. There was social work reports that indicated social workers had gone to the house and there was no food, nothing there for the kids. So that came across in the sessions... She did progress a bit. I think it's always going to be there with her but towards the end I did notice there was less of a sense of her trying to be really careful with the materials she was using and not wasting things.

When I was discussing with Alison what she had noticed about how poverty is explored the therapeutic space, she also told me that some children struggle to have a space that's just for them:

I think where poverty affects lots of things....you would have lots of children that won't even begin to think about how to use a space that's for them or where to even start because they haven't experienced that before. For example, I had a girl this week who was previously in play therapy and she said 'If someone ruins one of the toys, a toy is really expensive to replace but in art therapy if you run out of pencils then you can buy new pencils and pens aren't very expensive.'

The child felt more comfortable using materials that she felt were cheaper to replace, and Alison suggested that this was related to the child's need for things to be sustainable and replaceable:

It's not the paint that they cost, it's working with the idea that you can replenish things and you can renew things and maybe you might get different things that you need at different points. That was so literal and she was like I like this art therapy because I know that I can get more stuff if I use it all then it's ok, there will be more stuff.

When I explored with Katie how young people use art materials in sessions, she told me:

They tend to be quite limited in what they will take and what they'll do. There's not that kind of exploration...I'm thinking of the ones who have come from quite rough backgrounds... But very rarely do people use paint, it's colouring pens, pencils, things like that much more often, and clay if I suggest it.

Katie implies that restraint is characterised by a lack of exploration of art materials and is related to the young person's background being 'rough' and suggests that they have to be encouraged to use materials that may require more imagination. Similarly, when I explored with Claire and Sharon how children affected by poverty use art materials, she told me:

Maybe lack of experiences or poorer experiences within the materials that you use. There's lots of different things, and you can see how children and young people react to that just being able to use the amount that they feel that they need.

Claire suggests that this restraint could be related to children lacking cultural experiences. When I explored if a lack of cultural experience impacts on therapy, Sharon replied:

Yes, and...cultural assets, I don't think that has been developed. There is a lack, lack of going to libraries and museums. It sometimes happens when we come on board and we ask if we can take them to these places and we are aware that this is a lack.

Here Claire and Sharon are suggesting that a lack of cultural experiences might influence how children affected by poverty use art materials. Similarly, when I asked Katrina to tell me what she had noticed about how children affected by poverty use art materials, she told me:

I think it is the relationship of money, food or possessions...on one hand they might be saying they've got a phone, they've got an iPad, but they haven't got a football, but then the drawings can be quite empty quite almost, deprived.

Katrina is suggesting that children are more used to engaging with technology rather than more basic toys or materials that might require more effort or imagination to use, so a sense of restraint might actually be a lack of experience of using art materials.

When I asked Jan if material culture ever came into the therapeutic space, she told me:

Yeah, one child in particular who is a child that has everything but no parental stimulation at all, he's very lonely and isolated boy, he's kind of escaped into fantasy world and plays a lot of computer games and he tested boundaries a lot by always asking for things that weren't there and demanding and being very strong willed about the things that he needed and none of the materials were good enough. But he has managed to make do with what there is and has come to a point where he doesn't ask anymore.

Jan is suggesting that this child has been able to rely on material consumption, more so than consistent parenting and it seems that his restrained engagement with the art materials was a way for him to test the boundaries and perhaps the availability of adults. When I asked Jan how the therapeutic process supported the child to move beyond this, she told me:

I think it was just the consistency and just the acceptance that actually this is what we've got and this is the time we've got, this is the space we've got and this is the materials. And I think a lot of it was testing and also within that, I think he needed those boundaries kept because again he's probably got everything materially that he would probably ask for but recognise that it's not actually materials that are needed for them.

From Jan's testimony it seems that consistency supported this child to overcome a sense of restraint and even a defiance to use art materials and ultimately allowed him to experience boundaries that could be relied upon. More generally, it can be deducted from the data presented that although children affected by poverty may initially embark on a process of testing the availability and the reliability of materials

by over consuming them, they also show a degree of restraint in how they use materials and have to be encouraged to see that the therapeutic process is a space just for them. Approaching the therapeutic materials and space with a sense of restraint could be interpreted as a lack of self-esteem which could very well relate to the social exclusion that is associated with experiencing poverty. The data also suggests that restraint is related to children and young people worrying about things being replaced or replenished, however, it could also be tied into a lack of self-esteem characterised by the many reasons why children are referred to art therapy.

Exploring Norms

Another theme to emerge was children exploring social norms through the therapeutic process. This was highlighted by eight participants (Katrina, Katie Jan, Alison, Mary, Sandra, Claire and Linda) and was commonly demonstrated either by children exploring family and social norms during therapy and acting out their hopes and aspirations for their lives and developing resilience and coping skills.

When I asked Katrina if she had noticed any resilience in the community where she works, she gave me an example that suggests she feels that resilience is enforced by children's home environments and that children who present as 'tough' have had no choice but to meet their own needs:

Resilience is a really interesting thing isn't it because they're all survivors, aren't they? They are quite toughies but they are resilient. Rather than being dependant on a parent feeding them they'll get it elsewhere, which is sad I think but then I suppose there's a certain strength in being able to do that as well because they are quite independent, aren't they?

Katrina suggests that this resilience is developed by children 'having to feed themselves' and that their normality has become about being self-sufficient. When I explored with Katie if she had noticed resilience amongst the young people she works

with, she gave an example of young people who present as being 'tough' and suggests that this forms part of their resilience which is again enforced by their environments:

In terms of people who are coming from difficult and rough areas and have difficult lives, I see them as very resilient. They talk about their lives as normality and to me I go 'That sounds bloody awful. That sounds really difficult for them.' But part of that also is they have to be tough. You have to build up some sort of thick skin I suppose to deal with some of the things they have to deal with... There's a sort of resilience in that as well but there's a toughness, but it's a forced toughness which might become very unproductive.

Katie also suggests that there is a discrepancy in what she would see as normal compared to what young people might consider to be normal.

When I explored with Jan if food was ever explored in sessions she gave me the following case example that suggested that the child used food to explore his fantasy about social norms and what family life should be like:

I've got a child in mind in particular that is really lacking in emotional care and has been through the care system and has been on the child protection register, and food is a real symbolic thing because I think for children it is very basic and normal that for them it's kind of that expectation of what life is. A mum or an adult that would cook and make something nice and then eat it together. So they act that out a lot in the sessions... maybe it's the fantasy that comes through. It's almost something that they're searching for the counsellor to be that adult, and they'll often play, usually it's the child is being the adult and the counsellor is being the child and they're preparing the meal for them but there's often a sort of sense that it's not reflecting the reality, it doesn't seem to be reflecting the reality of their circumstances.

Similarly, when I explored with Alison if food was ever explored in sessions, she told me:

Within my previous workplace it was very common for people to use food within their practice; whether that's with the clients or in groups or coming to gather at the end and having something to eat, and part of that was about modelling this is what you can do at home as well. Eating together impacts on how we communicate and our sense of well-being...And I guess when I use food it would be about sharing because the point where the child has started to be able to share either with me or taking a piece of fruit home for a sibling.

Alison also suggests that by using food in her sessions she is modelling social norms that allows the child to replicate this in their home life. And when I explored with Mary how young people process their experiences in therapy, she told me about a young person who has been able to explore her previous experiences of being in a young carer's role, and who has come to the realisation that she was not to blame and is able to accept that it wasn't her responsibility to ensure that her sibling's needs were met:

She still did a really good job of what she was doing even though she couldn't always feed her siblings or whatever it was. That sort of seeing that it wasn't her fault...But at the same time it also shows her that what she should have had before. It's not because of her that there wasn't enough or there was poverty; it was someone else's fault, and I guess that ability to be angry as well with parents or carers who didn't meet needs.

When I asked Sandra what children say about their homes and communities, she told me:

If there's a child here that doesn't want to go home we know there's something severely wrong at home that we would start to explore. There's family therapy that's running constantly...we've got a social worker as well in here so it's just trying to find the best way to help the family function better, or if they really can't manage to parent that child what's the best option? ..You see a child's scared or after they've been coming to therapy regularly they are able to get in touch with how they really feel so you are aware if home is difficult. Or maybe home could be made better if there was more support.

I then asked Sandra if she could think of examples where her support of a young person has helped turn things around for them at home:

Oh yes, definitely! But I'm part of a team, but oh definitely. Sometimes children come in and there's nothing positive in the referral, and then when you meet the child you find that they're fantastic artists and they can write plays and stories and they can sing and dance. Just suddenly there's a part of the child that's not been recognised but you can promote and support. And it's nice for parents to hear if they've been hearing nothing but negative stuff.

Sandra suggests that therapy is an opportunity to strengthen children's resilience within their home environments by supporting children to discover their strengths and talents, and I explored with Claire what she notices when she sees change occurring for a young person, she told me:

When working over a period of time where the phrasing of their view has changed, there seems to be much more of an understanding of talking about the things that maybe they've brought into the sessions about the past; where they can talk about it and also I would say you pick up more of a positive way of speaking in the sense that it's like they're slowly re-writing the script that feels as if the language that's getting used, or the way someone is coming into the room and standing. These kinds of things go along with whatever has been created in the paper or the conversations that go on. There's a kind of note of how things have been described in the first piece of work or the early work and even at the reviews as well you can talk about things that you've seen as happening or differences and put that back to the children and young person through the review and looking at the images.

Claire suggests that looking over and reviewing children's art work over the course of their art therapy sessions allows both the child and therapist to see visually that there has been a change in how they view their situation. Similarly, when I asked Linda for

an example of change occurring in a young person, she also highlighted evidence of growth is clients being able to change their self-story:

Her way of coping in the past has been almost like living in a little fantasy world. She makes up stories and a lot of the times she seems to get so involved in her stories and they're so important to her that at times you wonder if she knows what's real and what isn't. And I think a lot of that has come up in school and through her foster placement. A lot of people have said they feel that she will say things and she doesn't realise that it's not true. So the work I've been doing with her is about trying to use those stories that are so important to her, so we have done a lot of writing stories...She does find it quite hard to talk about herself and her life story openly so doing it through the stories has been really helpful for us and illustrating them... she's able to process things and were using it in a positive way, in her life at the moment I think the story telling can sometimes be quite negative so were trying to use it positively.

When I asked Linda what she thought this girl got out of coming to art therapy she told me:

Maybe a space where her stories are valued and I think she's had quite a lot of criticism about her stories because she's got a mild learning disability and I think other children tease her quite a lot about her stories. And she will say things like people say her stories are boring or she draws too much as she struggles with her writing, so I think what she gets from art therapy is a place to come and spend the full 50 minutes talking about her stories and exploring what comes up through them.

Through her practice Linda is able to give the young person an opportunity to explore her stories in a safe way and to regard them as an asset rather than a deficit or a difficulty on the child's part. More generally, the therapeutic process can help CYP to communicate and process their experience and explore what is 'their norm' which could be quite far removed from the experiences of the art therapist. Art therapy, then, offers CYP an opportunity to test social norms and reframe their experiences.

Practitioners Understanding of Contextualised Practice

By exploring practitioners understanding of contextualised practice in areas of multiple deprivation, I was interested in finding out what barriers (and potentially opportunities) were present which hindered (or helped) a contextualised practice and if this meant a change in the therapeutic practices used by the art therapist to overcome barriers (or take advantage of opportunities) and ensure that services are accessible. The practitioners who identified barriers as well as accessibility can be seen from the table below:

Participant	Deprivation Rank	Practitioners Understanding of Contextualised Practice in Areas of Multiple Deprivation	
		Barriers	Accessibility
Jan	1st		
Linda	2nd		✓
Claire	3rd	✓	✓
Sharon	3rd		✓
Kim	4th	✓	✓
Alison	5th	✓	
Katrina	6th	✓	
Katie	7th		
Sandra	8th	✓	✓
Mary	9th		

Table 6: Practitioners Understanding of Contextualised Practice

Barriers

When I explored the barriers for art therapists practicing in a contextualised way they named *organizational poverty* as well as a general lack of therapeutic resource in the community as a barrier to fully meeting the needs of children and young people affected by poverty. These barriers were identified by Katrina, Claire, Alison, Kim, and Sandra. When discussing poverty with Katrina, for example, and how this might be explored through art materials, she suggested that the poverty of resources in schools can limit the range of materials that children are able to access:

Some children don't even know what clay is. They have no idea what clay is because I think poverty goes into the schools as well. Some of the schools are reasonably well resourced, but a lot aren't to be honest.

Similarly, when I explored with Sharon and Claire if they had experienced any challenges in their practice, she advised:

There are challenges as we have created a nomadic situation where we are not fully established ourselves as professionals and financial backing. Our fragility sometimes mirrors the fragility of the community so that's quite harsh at the beginning when you don't know what reassurances to give to the children for continuity.

Sharon's adverting to the instability around project funding mirrors the financial instability that people in the community also experience and she judges that this instability affects the continuity that she and Claire are able to offer children. Likewise, Alison highlighted a lack of continuity and inconsistency of service and gave an example of how a young person made sense of his sessions coming to an end due to service cuts:

I had one boy who said that he would like to build a centre and paint it with rainbows. And it was going to be for other children because he was better now and he thought he was going to be okay but he knew there would be other children that might need help, and so he would like them to have a place that they could go. That was in the context of his art therapy service being cut and ending due to funding cuts. But he had done enough work to get to the point that, even though he was being deprived quite materially of this resource he'd had, he could process that enough to think that if he wasn't going to get more right then he was alright, and he would like other people to get and if that centre was going to close he'd open up another one in future.

When I explored with Kim what she feels art therapy is able to offer children and young people affected by poverty, she gave the following example:

You're just giving young people the skills to be able to equip them to live in the environment they live in because ultimately you can't change the environment. And I sometimes think what help am I? What am I actually doing for these young people if I can't change the environment they're going home to? It's about how to manage a little bit of change, but not so much that they're going to go back home and into their home environment and not function there anymore.

Kim's questioning the efficacy of the support she provides is directly related to her realisation that she is unable to change the environments young people who use her service come from and return to after their art therapy, and so she concludes that all she can realistically do is support young people to make small changes that won't hinder their ability to remain in their environments. Also, when exploring what Sandra finds challenging in her practice, she told me:

The children are always wanting to continue art therapy when they leave but there's so little CAMHS. We're needing to get a lot more out in the community. When children have had an experience here of having all these really positive experiences, that doesn't stop when they leave, they find a way to communicate their distress or even their optimism. Why withdraw that when they leave? I think there needs to be a lot more psychotherapy and art therapy and perhaps drama and music. There needs to be a lot more of that in the poorest communities...it's putting them back into that 'nothing has changed' in their environment.

Like Kim, Sandra communicates a sense of frustration that if children return to their environments without ongoing mental health support in their community there is the risk that their situation will go back to square one:

I think sometimes children from poverty are not treated well in education; that the system doesn't make any effort to understand that some children are getting to school themselves without breakfast or the fact that their clothes are dirty. It's not their fault...There is something in education where they're really not taking advice; they're colluding in a child being disadvantaged... sometimes I have families that come in here that have had to give up work

because their child is constantly being excluded so mum or dad has to be in the house because that child's not managing a whole week at school.

When further exploring with Alison what barriers she comes up against in her practice she, like Sandra, feels there is a lack of mental health provision for children and young people:

There is something really important that I've noticed to do with cuts in the last year is how long people wait for appointments for basic services. I've got a teenager who has a CAMHS referral and she has red flags all over the place, loads of self-harm, suicide threats, running away, mum's got mental health problems. This is quite an urgent case and it's been 7 months from the point of referral to the first assessment appointment and the outcome of that is CAMHS are like 'I think you might be ok'... I would say definitely mental health services and social work totally are not in a good place and I don't think the same about schools. I think if schools weren't doing what they're doing...I think schools deal with a phenomenal amount of stuff that's way beyond their remit without being resourced for it and if they didn't do that there would be a lot more children in crisis. I'm always really amazed and impressed by the effort that schools put in to supporting their children. I've had schools pay children's taxi fares to appointments and I've got no idea where they're getting the budget from and it's really not their responsibility to be doing that but they are because it matters and the children matter.

It can be seen that my participants feel a degree of frustration at the lack of resources for children and young people and the instability of funding which presents a barrier to art therapy practice being long-term and fully-contextualised.

Accessibility

When exploring the idea of contextualised practice with practitioners, a number of participants highlighted some of the measures they take to ensure their practice is accessible for children and young people affected by poverty. For Claire, Sharon, Sandra, Linda, and Kim, providing a quicker route to therapy services, and providing reasonably priced art materials, having an awareness of transport costs and being

flexible with appointments were highlighted as ways to make art therapy services accessible to children and young people affected by poverty. When I explored with Claire what she felt art therapy brought to the community where she works she told me:

I know some of the carers are talking about long lists for CAMHS and for children to be seen there, but they're not hitting any of the indicators, so they may be going to other places but I would say it's another service that offers therapy that people can access; certainly with therapists. So I was just aware of that the carers were saying they couldn't get into CAMHS or they were on a long waiting list, so we're offering a therapy service...which I think can be a support.

Claire highlights that the service that she works for offers a more accessible route into therapeutic services as the waiting list is not as long as CAMHS. When I further explored with Sharon and Claire what they do in their practice to ensure that art therapy is accessible, both mentioned the affordability of art materials.

Often at the end of our work we try and give advice how to continue activities either in another organisation or where to buy the materials that are quite within their reach. It's important that art should never be too expensive.

Claire reinforced Sharon's point by highlighting what action she had taken to make art accessible.

One of the things that I suppose I spoke to management about was having materials that children could maybe access at home with their families, that it wouldn't be materials that would seem like an impossible mountain to climb which are a fortune and that's just not going to happen as they're so expensive. But there's lots of places and people are a wee bit savvy about that like pound shops and different places that do paints and stuff if you're wanting to continue and do things. We had that thought about small packs of paper and paints and stuff that could be accessed by families if they wanted to continue or be encouraged to do things together.

When I explored with Sandra what barriers impact on the therapeutic service she offers she told me:

You're just very aware of it if families are poor. If they have any other issues it becomes more and more difficult and things like accessing health, particularly something like therapy in hospitals where there's more regular attendance required. Simple things like travelling...I think when there's another stressor like illness and the families do their absolute best but to bring a family across the city to visit a child or enable a child to access perhaps a fortnightly appointment is a huge thing out the budget.

Interviewer: So, transport costs impacted on a family's ability to engage with therapeutic services?

It does. I suppose the therapist has to be very aware of that and to make sure that there's written appointments so that the family can reclaim the money for travel expenses. It's just simple procedures that you do your very best to facilitate it and things like a bus fare or a taxi fare we might not think it's a big deal but for a mum with three kids it is a big deal. And you don't want to embarrass them but just make sure that they've got. What I do is I make sure I give them perhaps 8 or 10 appointments at one time so they can even claim retrospectively so it's just one less thing to worry about. And generally I find that if you do your best to facilitate it the attendance is good. If they realise that you're aware of their circumstances and you're not going to pry but you'll do your very best to make sure that they're supported and you find that they do come.

When I explored with Linda how poverty impacts on the children she works with, she also highlighted the barrier that transport costs can create:

A big thing is transport and being able to commit to come to a session because a child that I've just recently started working with is a single parent family and because of time it means I can't get to where he stays... His mum is bringing him so it's quite a distance and then there's the cost of the ferry so it's a big commitment.

When I asked Linda if she had put any measures in place to address the barrier of transport cost, she told me:

I've been looking into that and I've spoken to my line manager and she was going to speak to her senior to find out if there was any way of getting the money back through social work. And it turned out that mum had actually went and spoke to social work herself and she is going to get her ferry ticket back so that's something. She'll still be out of pocket with driving; it's still a bit of a distance I think, but the ferry ticket was the main issue. It was £20 or £30 which is a lot every week and then over a month, so social work are paying that which is really good.

When I explored with Kim if she has many cancellations and if there is anything she does to ensure that young people are able to access her service, she told me:

We tend to adjust to being in the school setting and we tend to swap appointments around each week so that they are always on the same day in the same school but I'll see someone period one during one week and period three the next week...if people start missing every single lesson for twelve weeks in a row...that's potentially a whole term's worth of work that they might have missed. So it's just to fit in with that... It's one of those funny things you get indoctrinated into you that they must be there at the same time on the same day each week and actually I think as long as you set what the boundaries are, they're okay within it.

Kim has made a conscious choice to be flexible in her practice regarding appointment times to minimise educational disruption despite this being at odds with what has been 'indoctrinated into her' with regards to offering consistent appointments. From the testimonies given here it can be seen from the data that practitioners step out with the constraints of the therapeutic space to facilitate services being accessible by taking action to address the cost of attending therapy services or ensuring that the time of sessions was aligned to meeting the needs of the client rather than the therapist.

Overview

This chapter has presented the research findings to give an in-depth exploration of the themes that emerged from participants' professional practice. The table below shows how the research aims relate to the overarching themes identified from the data:

Research Aim	Overarching Theme
<ul style="list-style-type: none">To gain insight into practitioners' understanding of contexts of multiple deprivation	<ul style="list-style-type: none">Practitioners' Understanding of the Indicators of Multiple Deprivation
<ul style="list-style-type: none">To gain insight into practitioners' understanding of poverty	<ul style="list-style-type: none">Practitioners' Understanding of Poverty
<ul style="list-style-type: none">To gain insight into practitioners' understanding of what art therapy does or might achieve in such contexts	<ul style="list-style-type: none">Practitioners' Understanding of how Poverty is Explored in Art Therapy
<ul style="list-style-type: none">To gain insight into whether practitioners' understanding of poverty changes the therapeutic goals they set	<ul style="list-style-type: none">Practitioners' Understanding of Contextualised Practice in Area of Multiple Deprivation

Table 7: Research Aims and Corresponding Themes

The following chapter concludes the thesis by summarising the material presented in the findings, with the discussion section focussing upon whether art therapy as a profession is able to develop a fully-contextualised consciousness and whether it has the ability to develop a series of flexible and contextual practices to work effectively in work contexts of multiple deprivation. Finally the discussion chapter explores some suggestions or recommendations for art therapy practice with children and young people affected by poverty and living in areas of multiple deprivation.

Chapter Five Discussion

The brief discussion chapter will firstly recap the background and aims of the study before offering an analysis of the findings and implications for practice. This is then followed by a discussion of considerations for future research as well as the limitations of the study and final concluding remarks.

The purpose of this research was to gather the views of ten art therapists working with children and young people affected by poverty in areas of multiple deprivation in West Central Scotland. The aim was to examine their perspectives and experiences of poverty and how it is explored – if at all - within their professional practice and the impact that working in a context of multiple deprivation has – if any – upon (i) what constitutes ‘therapy’ and (ii) the practices of the art therapist.

As identified earlier, the impact that poverty has on children and young people (CYP) is far reaching and pervasive and affects their emotional wellbeing, educational attainment and future life chances (Treasor 2012; UK Government 2014; Sosu & Ellis 2014) and puts pressure on family relationships (Taulbut & Walsh 2013; Sharma 2005). It is known that poverty also creates a number of emotional and practical barriers to CYP and families accessing services that aim to promote their well-being (Wrapson, Mewse, & Lea, 2008; Davies 2008b; McHardy 2013). However, practitioners from a range of professions could fail to acknowledge the impacts of poverty if they have little experience of poverty through their professional discourses and training (Garrett 2002; Jack and Gill 2013). This could reinforce barriers to engagement and create a social distance between service-users and practitioners (O'Brien et al. 2011; Segal 2007; Wood 1999a) and power differentials as well as a misalignment of assessment of priorities leading to inappropriate interventions (Smith 2008; Segal 2007; Gill and Jack 2007; 2008).

It has been suggested that traditional therapeutic services are not flexible enough to meet the needs of people affected by poverty, despite the impact of poverty being recognised as an important factor affecting the mental health of those accessing therapeutic services (Borges 2014; Kumar 2012; Shelter 2008; Smith 2005; Wood 2010). As a result, it is imperative that art therapists' professional practice should be directly or indirectly informed by the evidence-base that details the impact of poverty (Wood 2010), and especially in light of current welfare cuts and the consequences of austerity measures on public services meaning professionals having to 'do more with less' (Huet 2011; Huet 2012; Power and Hawtin 2015; Christie 2011). This has raised the need for the impact of poverty to become a central professional concern for art therapy training, theory and professional practice and has influenced the motivation and aims for this study in order to try to aid in the development of fully-contextual art therapy practice that acknowledges and addresses the internal as well as external impact of poverty.

Recap of Aims

The aim to 'gain insight into practitioners work context of multiple deprivation' was intended to gauge practitioner's views of their work communities and what they noticed about multiple deprivation. From participant responses, the overarching theme 'Practitioner's Understanding of Indicators of Multiple Deprivation' was identified. The data revealed that the most noticeable indicators of multiple deprivation identified by art therapists in their work communities were: substance misuse (identified by 60% of participants); housing difficulties (identified by 60 % of participants); and economic hardship (identified by 60% of participants).

The second aim of 'gaining insight into practitioners understanding of poverty' was intended to explore how poverty was defined by practitioners and what they noticed about the impact of poverty. From participant responses, the overarching theme of

'Practitioners Understanding of Poverty' was identified with the majority of participants identifying relative poverty amongst the children and young people they worked with and the themes that emerged from the data were: poverty is 'not having enough' (identified by 80% of participants); poverty is 'masked by materialism' (identified by 70% of participants); poverty is 'not always recognisable' (identified by 80% of participants); and 'poverty or neglect' as the indicators of poverty can be confused with the indicators of neglect (identified by 50% of participants).

The third aim of 'gaining insight into practitioners understanding of what art therapy does or might achieve in contexts of multiple deprivation' was intended to gauge what art therapists noticed about poverty and how it was explored by CYP. From participant responses, the overarching theme of 'Practitioners Understanding of how Poverty is explored in Art Therapy' was identified. The data revealed that children and young people explore poverty in sessions through: symbolic or actual 'consumption' of food and art materials (identified by 90% of participants); 'restraint' in their use of art materials and art therapy sessions (identified by 90% of participants); and 'exploring norms' relating to their previous experiences of social norms or testing new social norms (identified by 80% of participants).

The fourth aim of 'gaining insight into whether practitioners understanding of poverty changes the therapeutic goals they set' was intended to explore if and how art therapists addressed the impact of poverty on their sessions. From participant responses, the overarching theme 'Practitioners Understanding of Contextualised Practice in areas of Multiple Deprivation' was identified with the data revealing a number of 'barriers' to contextualised practice. This included a lack of therapeutic resource in the community and organisational poverty (identified by 50% of participants), as well as 'accessibility' which highlighted ways to make art therapy

services accessible which included flexible appointments and reimbursement of travel costs to attend appointments (identified by 50% of participants).

Analysis of Findings

It can be interpreted from the data that whilst the majority of participants showed an awareness of the difficulties faced by children and young people affected by poverty and living in areas of multiple deprivation as highlighted in the first theme of 'practitioners understanding of the indicators of multiple deprivation', there was evidence that the indicators of poverty could be missed by some practitioners as highlighted in the second theme of 'practitioners understanding of poverty'. Although the majority of therapists felt that poverty could be difficult to recognise, they were very clear on the various ways poverty is played out in sessions by CYP as highlighted in the third theme of 'practitioners understanding of how poverty is explored in art therapy'. But despite the majority of art therapists being aware of indicators that suggested poverty was being explored by CYP in therapy, only half of the therapists could say how they make their service accessible and reduce the barriers for CYP and families affected by poverty, and only half of therapists were able to name the barriers to their service being accessible as highlighted in the fourth theme of 'practitioners understanding of contextualised practice'.

Whilst a lack of therapeutic resources in the local community or supporting clients with travel costs to sessions are important factors that could help or hinder contextualised practice, they are by no means therapeutic goals. Therefore from the data which emerged from the fourth theme of 'practitioners understanding of contextualised practice', I was unable to determine if participants changed their therapeutic goals when they are in situations of multiple deprivation. However, the data captured in the third theme of 'practitioners understanding of how poverty is explored in art therapy' does capture the valuable work that art therapists accomplish in supporting their

clients to communicate their experiences and reframe their 'self-stories'. Whilst these are therapeutic goals that art therapists might normally negotiate with clients from diverse socioeconomic backgrounds, I was unable to capture if art therapists set any specific therapeutic goals relating to the internal and external impact of poverty on the lives of clients. So it was therefore difficult to establish if there is a clear alignment of practices and therapeutic goals of art therapists working in contexts of multiple deprivation in Scotland.

Perhaps not having a therapeutic agenda to address the internal and external impact of poverty gives the client an opportunity to have respite from their situation and leave it at the door, or explore other aspects of self. However, it could be considered that allowing CYP the experience of consumption in art therapy sessions is an inadvertent form of contextualised practice that increased the self-worth of CYP affected by poverty by allowing them to explore 'having enough.'

Nonetheless, the overall dataset suggests that there were structural as well as cultural difficulties for art therapists to identify the need to practice in a contextualised way and ensure the resources to offer a flexible service that meets the external as well as the internal needs of CYP affected by poverty. It can be concluded then that these factors could create obstacles to the therapists aligning their practices and therapeutic goals in order to offer flexible and contextualised service in areas of multiple deprivation. Given that poverty can be invisible and is not always recognisable to practitioners or even CYP themselves, there is an argument then for art therapists to become more aware of poverty and how it affects CYP and families, particularly as the current climate of welfare reform and service cuts will inevitably make poverty a factor that becomes an obvious concern explored in therapy.

Practice Implications

Hocoy (2007) states that art therapy is a way to restore social justice on a micro level and empower clients through the therapist being aware of oppression in the therapeutic relationship. Thus practitioners who are attuned to the emotional impact of poverty caused by social exclusion and discrimination are better able to communicate the injustice experienced by service users when advocating on their behalf (Smith 2008). However, if professional's experiences of poverty are not attuned to the reality of the people they work with, there is the danger that they could lack empathy when supporting people who are experiencing poverty (Segal 2007), leading to a misalignment of priorities and inappropriate interventions (Jack and Gill 2003).

Furthermore, if there is a class divide between professionals and the people who use their services, this could also lead to an imbalance in power if professionals fail to identify and act upon the indicators and impact of poverty (Segal 2007; Wood 1999a). Also, if professionals lack the insight into the effects of poverty, then they will be unable to challenge their own personal biases, as well as have the necessary empathy to inform their practice (Segal 2007), which could reinforce the barriers for people experiencing poverty from accessing services (McHardy 2013; Lister 2002).

Professional empathy can be facilitated by practitioners asking themselves what it must be like to struggle with the uncertainties of how basic needs will be met, or envisaging what it would be like to live on a low income in an area of multiple deprivation in order to facilitate contextualised practice (Segal 2007; Joseph Rowntree Foundation 2013b; Jack and Gill 2003). For practitioners to begin to consider what a contextualised practice should entail, it is essential for practitioners to gain a cultural awareness of communities they work in where CYP and families live,

in order to make an accurate assessment of the strengths and difficulties of an area and understand how structural factors associated with multiple deprivation, such as welfare reform or service cuts, affect family relationships and the wellbeing of CYP (Jack & Gill 2003; Christie 2011; Beatty and Fothergill 2013).

If we turn to the question as to what a contextualised practice should look like, and how this might align with the training and practice framework of the art therapist in a context of service cuts (Christie 2011) and a lack of structural resource on a macro level, this could make contextualised practice very difficult to achieve and put professionals at risk of being expected to carry out tasks over and above their remit (Wood 1999a; Jack and Gill 2003). Nonetheless, whilst practitioners may be unable to challenge macro social processes, they can alter their every day practices by being mindful of bias and classist attitude that could serve as barriers to contextual practice (Wood 1999a; Hocooy 2005; 2007).

Furthermore, qualitative researchers are able to 'thematise' and uncover social contexts of socioeconomic inequality and 'subjugation' and so sensitise practitioners who seek to recognise such problems in their therapeutic practice, either by involving them in the research or by disseminating the research to practitioners who did not take part (Grbich 2013), and where practitioners may not have the autonomy to set up new services or alter the remit of their organisation, they have the autonomy to alter their everyday practices (Silverman 2011). According to Kapitan (2014), for art therapists to be successful in adapting their practice, they must be able to demonstrate curiosity, persistence, flexibility, optimism and risk-taking in order to explore new learning opportunities and overcome any setbacks to take action in the face of uncertainty.

Limitations

It is a limitation of this study that it only took into account practitioners' perspectives and not service user's experiences of how poverty is explored in art therapy. Service users have a lot to teach practitioners about their experience of poverty, when the service user voice is not included there is the danger that they become objects of research rather than participants (Krumer-Nevo 2008). It is recognised that it is useful to find out directly from clients what they find as helpful therapy; however this does not always give an objective account of efficacy (Sundet 2011). It is also worth considering that practitioners' perspectives may only capture a subjective viewpoint of their practice and does not represent the views of an entire profession (O'Brien et al. 2011). Therefore it could be a further limitation that this research did not seek to explore the views of training institutions or organisations that employ art therapists. It could also be seen as a limitation that this was a small scale study, confined to West Central Scotland, which explored relative poverty and how it impacts on CYP.

Considerations for Future Research

In addressing the identified limitations, future research could seek the views of training providers, employers and practitioners to consider a variety of client groups and practice areas within art therapy to explore the impact of other types of poverty in different parts of the UK as well on an international scale. More importantly, is the need for research that examines service user's experiences of poverty and what they feel they would need to make art therapy accessible and contextualized. Future research then could incorporate participatory methods that could meaningfully influence practice standards as well as curriculum design in order to raise the capacity of people experiencing poverty rather than making assumptions about what an appropriate contextualised art therapy service would look like, which could influence service users who may become the next generation of practitioners (Dalley 2014).

Concluding Remarks

Whilst in the latter stages of writing up this thesis I found the following quote which was attuned to the rationale and aims of this research and seemed to sum up the message that I wanted to give to practitioners from art therapy and other professions:

The creative arts therapies give form to feelings, thoughts, behaviours and possibilities. Most of our work has been primarily focused on supporting individuals and groups faced with difficult circumstances or burdened with mental illness function within the constraints of their families, institutions and communities to the best of their abilities. Yet, often this work is done without an understanding of the social, economic and political contexts that influence what we along with our clients are up against and which constrain our best efforts. Consider the impact of our current global recession on employment and the anxiety that this creates for individuals and families faced with losing their homes or businesses. Without inviting reflection and analysis about the bigger picture, it would be easy to see one's anxiety and ensuing depression as an individual problem requiring an individual solution. Perhaps more importantly without identifying and enquiring about complex sources of harm, we may risk interpreting ones struggle as a failure on their part, a sentiment that is often euphemized as a lack of resilience (Sajnani P.3, Sajnani and Kaplan 2012).

It is hoped that by highlighting the impact that poverty can have on the internal and external world of CYP both in and out with the therapeutic space will encourage practitioners to ask basic but important questions about poverty in order to identify appropriate interventions as part of a flexible, contextualised and accessible services. The findings³⁹ may be of interest to art therapists working in a variety of settings as well as; service users, trainee art therapists, training providers' employers, researchers, the professional body BAAT and colleagues from other professions that support people affected by poverty and living in areas of multiple deprivation.

³⁹ Interim findings were presented to peers at a Public Sociology Seminar at QMU on 27/11/15. Presentation slides as well as peer feedback can be found in the appendix.

References

- Adler, A. 1992. *What Life Could Mean to You: The Psychology of Personal Development* Minnesota, Hazelden.
- Aldridge, F. 1998. Chocolate or Shit: Aesthetics and Cultural Poverty in Art Therapy with Children. *International Journal of Art Therapy: Formerly Inscape*, 3, (1) 2-9
- Aldridge, H., Kenway, P., MacInnes, T., & Parekh, A. 2012, *Monitoring Poverty and Social Exclusion 2012*, Joseph Rowntree Foundation/New Policy Institute, York.
- Allen, P. B. 2007, "Facing Homelessness: A Community Mask Making Project," *In Art Therapy and Social Action*, F. F. Kaplan, ed., London: Jessica Kingsley Publishers, pp. 59-71.
- Andrade del Corro, M. 2014. Street Children in Mexico and the Intervention of Art therapy as a Psychosocial Perspective and Model of Social Action. *ATOL: Art Therapy On Line*, 5, (1) 1-8
- Antonovsky, A. 1979. *Health, Stress, and Coping* San Francisco, Jossey-Bass Publishers.
- Arnott, M. & Ozga, J. 2012, "Education, Policy and Social Justice," *In Social Justice and Social Policy in Scotland*, G. Mooney & G. Scott, eds., Bristol: The Policy Press, pp. 147-164.
- Arrington, D. & Yorgin, P.D. 2011. Art Therapy as a Cross-Cultural Means to Assess Psychosocial Health in Homeless and Orphaned Children in Kiev. *Art Therapy: Journal of the American Art Therapy Association*, 18, (2) 80-88
- Audit Scotland. 2012, *Health Inequalities in Scotland*, Audit Scotland, Edinburgh.
- Bailey, C.A. 2007. *A Guide To Qualitative Field Research*, 2nd ed. London, Sage Publications Ltd.
- Barron, L. 2006, "Ontology," *In The SAGE Dictionary of Social Research Methods*, V. Jupp, ed., London: Sage Publications Ltd.
- Barry, P. & O'Callaghan, C. 2009. Reflexive Journal Writing. *Nordic Journal of Music Therapy*, 17, (1) 55-66
- Beatty, C. & Fothergill, S. 2013, *Hitting the Poorest Places Hardest: Local and Regional Impact of Welfare Reform*, Sheffield Hallam University, Sheffield.
- Beveridge, W. 1942, *Social Insurance and Allied Services*, His Majesty's Stationary Office, London.
- Beveridge, W. 1953. *Power and Influence* London, Hodder and Stoughton.
- Black, M. Ask Why Does TV Attack Benefit Claimants - But Not Tax Evasion? Herald Scotland. 8-11-2015. Ref Type: Online Source
- Bondi, L. 2013. Research and Therapy: Generating Meaning and Feeling Gaps. *Qualitative Inquiry* 19(1), 9-19
- Booth, C. 1888. Condition and Occupations of the People of East London and Hackney, 1887. *Journal of the Royal Statistical Society*, 51, (2) 276-339

- Boronska, T. 2000. Art Therapy with Two Sibling Groups Using an Attachment Framework. *International Journal of Art Therapy: Formerly Inscape*, 5, (1) 2-10.
- Borowsky Junge, M. & Linesch, D. 1993. Our Own Voices: New Paradigms for Art Therapy Research. *The Arts in Psychotherapy*, 20, 61-67
- Bourdieu, P. 1977. *Outline of a Theory of Practice* Cambridge, University of Cambridge.
- Bourdieu, P. 1984. *Distinction: A Social Critique of the Judgement of Taste* London, Routledge.
- Bourdieu, P. 1999. The Weight of the World: Social Suffering in Contemporary Society. Cambridge, Polity Press. Ref Type: Edited Book
- Bourdieu, P. & Wacquant, L. 1992. *An Invitation to Reflexive Sociology* Chicago, The University of Chicago Press.
- Boyden, J. 2006, *Young Lives Project: Conceptual Framework*, Young Lives Internal Paper.
- Boyden, J. & Cooper, E. 2007, *Questioning The Power of Resilience: Are Children Up To the Task of Disrupting the Transmission of Poverty?*, Chronic Poverty Research Centre, Manchester.
- Bradshaw, J. 2008, "The Cost of Necessities," *In Why Money Matters: Family Income, Poverty and Children's Lives*, J. Strelitz & R. Lister, eds., London: Save the Children, pp. 105-114.
- Braun, V. & Clarke, V. 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101
- Brooks-Gunn, J. & Duncan, G.J. 1997. The Effects of Poverty on Children. *The Future of Children*, 7, (2) 55-71
- Brunt, L. 2001, "Into the Community," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 80-91.
- Burden, T. 2000, "Poverty," *In Policy Responses to Social Exclusion: Towards Inclusion?*, J. Percy-Smith, ed., Berkshire: Open University Press/McGraw Hill, pp. 43-58.
- Burns, H. 2012. Kilbrandon's Vision. Healthier Lives: Better Futures, Edinburgh: Scottish Government/Crown Copyright.
- Campbell, J., Liebmann, M., Brooks, F., Jones, J., & Ward, C. 1999. Art Therapy, Race and Culture. London, Jessica Kingsley Publishers. Ref Type: Edited Book
- Campbell, M., Watson, N., & Watters, N. 2015, *The Cost of School Holidays*, What Works Scotland, Glasgow.
- Carnochan, J. 2008, *Breaking the Cycle of Violence*, Children 1st, Edinburgh.
- Case, C. 1987, "A Search for Meaning: Loss and Transition in Art Therapy with Children," *In Images of Art Therapy: New Developments in Theory and Practice*, T. Dalley et al., eds., London: Tavistock Publications, pp. 36-73.
- Case, C. 1990, "Reflections and Shadows: An Exploration of the World of the Rejected Girl," *In Working with Children in Art Therapy*, C. Case & T. Dalley, eds., London: Routledge, pp. 131-160.

- Case, C. 2003. Authenticity and Survival: working with Children in Chaos. *International Journal of Art Therapy: Formerly Inscape*, 8, (1) 17-28
- Case, C. 2005. *Imagining Animals: Art, Psychotherapy and Primitive States of Mind* East Sussex, Routledge.
- Case, C. 2010. Representations of Trauma, Memory-Layered Pictures and Repetitive Play in Art Therapy with Children. *Art Therapy Online: ATOL*, 1, (1) 1-28
- Case, C. & Dalley, T. 1990. *Working with Children in Art Therapy*. Brummer-Routledge. London. Ref Type: Edited Book
- Case, C. & Dalley, T. 1992. *The Handbook of Art Therapy* London, Routledge.
- Case, C. & Dalley, T. 2014. *The Handbook of Art Therapy*, 3rd ed. East Sussex, Routledge.
- Chambers, R. 1995. Poverty and Livelihoods: Whose Reality Counts? *Environment and Urbanization*, 7, (1) 173-204
- Charmaz, K. 2006. *Constructing Grounded Theory* London, Sage Publications Ltd.
- Charmaz, K. & Mitchell, R. G. 2001, "Grounded Theory in Ethnography," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 160-174.
- Christie, C. 2011, *Commission on the Future Delivery of Public Services*, Crown Copyright, Scotland.
- Coffey, A. 1999. *The Ethnographic Self: Fieldwork and the Representation of Identity*. London, Sage Publications Ltd.
- Cohen, A.P. 1985. *The Symbolic Construction of Community* London, Tavistock.
- Cohen, A.P. 1987. *Symbol, Segment and Boundary in a Shetland Island Community* London, Whalsay.
- Corcos, N. 2015, "Respect?: A Personal Account of Practicing Family Art Therapy from a Solution-Focused Perspective in Britain," *In Multicultural Family Art Therapy*, C. Kerr, ed., New York: Routledge, pp. 34-50.
- Craig, C. 2007. *Creating Confidence: A Handbook for Professionals Working with Young People* Glasgow, The Centre for Confidence and Well-Being.
- Craig, C. 2010. *The Tears that Made the Clyde: Well-Being in Glasgow* Argyll, Argyll Publishing.
- Craig, C. 2011. *The Scots' Crisis of Confidence*, 2nd ed. Argyll, Argyll Publishing.
- Croteau, D. 1995. *Politics and the Class Divide* Temple University Press.
- Dalley, T. 2014. Where Now? Looking at the Future of Art Therapy. *ATOL: Art Therapy On Line*, 1, (5) 1-14
- Davies, M. 2008a, "Stigma, Shame and Sense of Worth," *In Why Money Matters: Family Income, Poverty and Children's Lives*, J. Strelitz & R. Lister, eds., London: Save the Children, pp. 89-95.

- Davies, M. 2008b, *The Effects of Discrimination on Families in the Fight to End Child Poverty*, Joseph Rowntree Foundation, York.
- Davis, J. 1997. Building from the Scraps: Art Therapy within a Homeless Community. *Art Therapy: Journal of the American Art Therapy Association*, 14, (3) 210-213
- Deacon, S. 2011, *Joining the Dots: A Better Start for Scotland's Children*, University of Edinburgh, Edinburgh.
- Dean, H. & Taylor-Gooby, P. 1992. *Dependency Culture: The Explosion of a Myth* Hertfordshire, Harvester Wheatsheaf.
- Deco, S. 1990, "A Family Centre: A Structural Family Centre Approach," *In Working with Children in Art Therapy*, C. Case & T. Dalley, eds., East Sussex: Brunner-Routledge, pp. 115-130.
- Denzin, N.K. 1970. *The Research Act: A Theoretical Introduction to Sociological Methods* Chicago, Aldine.
- Denzin, N.K. 1997. *Interpretive Ethnography* London, SAGE Publications Ltd.
- Denzin, N.K. 2010. Moments, Mixed Methods, and Paradigm Dialogs. *Qualitative Inquiry*, 16, (6) 419-427
- Dey, I. 1993. *Qualitative Data Analysis: A User friendly Guide for Social Scientists* London, Routledge.
- Dickie, J. 2011, "Child Poverty," *In Poverty in Scotland 2011: Towards a More Equal Scotland?*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 167-178.
- Dickie, J. 2012, *Poverty in Scotland Summary Briefing*, Child Poverty Action Group, Glasgow.
- Diener, E., Suh, E.M., Lucas, R.E., & Smith, H.L. 1999. Subjective Well-Being: Three Decades of Progress. *Psychological Bulletin*, 125, (2) 276-302
- Diener, E. 2000. Subjective Well-Being: The Science of Happiness and a Proposal for a National Index. *American Psychologist*, 55, (1) 34-43
- Dorling, D. 2010. *Injustice: Why Social Inequality Persists* Bristol, The Policy Press.
- Dowler, E., Turner, S., & Dobson, B. 2001. *Poverty Bites: Food, Health and Poor Families* London, Child Poverty Action Group.
- Drummond, A. 1996. *Research Methods for Therapists* London, Chapman & Hall.
- Dumbleton, S. & McPhail, M. 2012, "The Coming of Age of Scottish Social Services?," *In Social Justice and Social Policy in Scotland*, G. Mooney & G. Scott, eds., Bristol: The Policy Press, pp. 131-146.
- Dunn, A. 2012. Don't Misuse Your Disability Benefits - the DWP Might. *The Independent Blogs*. 02-8-2012. Ref Type: Online Source
- Ecclestone, K. & Hayes, D. 2009. *The Dangerous Rise of Therapeutic Education* London, Routledge.
- Edwards, D. 1996. Writing About Art Therapy. *International Journal of Art Therapy: Formerly Inscape*, 1, (2) 46-51

- Edwards, D. 1999. The Role of the Case Study. *International Journal of Art Therapy: Formerly Inscape*, 4, (1) 2-9
- Edwards, D. 2004. *Art Therapy* London, Sage Publications Ltd.
- Ellis, C., Adams, T.E., & Bochner, A.P. 2011. Autoethnography: An Overview. *Qualitative Social Research*, 12, (1) 1-13
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. 2001, "Participant Observation and Fieldnotes," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 352-368.
- Engender 2015a, *Welfare Reform Committee Inquiry on Women and Welfare Reform*, Engender, Edinburgh.
- Engender 2015b, *A Widening Gap: Women and Welfare Reform*, Engender, Edinburgh.
- Eyber, C. & Ager, A. 2003, "Poverty and Youth," *In Poverty and Psychology: From Global Perspective to Local Practice*, S. C. Carr & T. S. Sloan, eds., New York: Kluwer Academic/Plenum Publishers, pp. 229-250.
- Eyber, C. & Ager, A. 2004, "Researching Young People's Experiences of War: Participatory Methods and the Trauma Discourse in Angola," *In Children and Youth on the Front Line: Ethnography, Armed Conflict and Displacement*, J. Boyden & J. de Berry, eds., New York: Berghahn Books, pp. 189-208.
- Farrant, C., Pavlicevic, M., & Tsirs, G. 2014. *A Guide to Research Ethics for Arts Therapists and Arts & Health Practitioners* London, Jessica Kingsley Publishers.
- Feen-Calligan, H. 2008. Service-Learning and Art Therapy in a Homeless Shelter. *The Arts in Psychotherapy*, 35, (1) 20-33
- Feeny, T. & Boyden, J. 2004, *Acting in Adversity - Rethinking the Causes, Experiences and Effects of Child Poverty in Contemporary Literature*, Oxford Department of International Development, Oxford.
- Flick, U. 2006, "Triangulation," *In The Sage Dictionary of Social Research Methods*, V. Jupp, ed., London: Sage Publications Ltd, pp. 305-306.
- Garrett, P.M. 2002. Social Work and the Just Society: Diversity, Difference and the Sequestration of Poverty. *Journal of Social Work*, 2, (2) 187-210
- Garwood, J. 2006, "Quantitative Research," *In The SAGE Dictionary of Social Research Methods*, Jupp, ed., London: Sage Publications Ltd, pp. 250-251.
- Geertz, C. 1973, "Thick Description: Toward and Interpretive Theory of Culture," *In The Interpretation of Cultures*, C. Geertz, ed., New York: Basic Books.
- Gersie, A. 1995. Arts Therapies Practice in Inner-City Slums: Beyond The Installation of Hope. *The Arts in Psychotherapy*, 22, (3) 207-215
- Gilfillan, P. 2014. *A Sociological Phenomenology of Christian Redemption* Surrey, Grosvenor House Publishing Ltd.
- Gill, O. & Jack, G. 2007. *The Child and Family in Context Developing Ecological Practice in Disadvantaged Communities* Dorset, Russell House Publishing.

- Gill, O. & Jack, G. 2008, *Poverty and the Child's World: Assessing Children's Needs*, Child Poverty Action Group, London.
- Gill, O. & Sharma, N. 2004, *Food Poverty in the School Holidays*, Barnardo's, UK.
- Gillham, B. 2000. *The Research Interview* York, Continuum.
- Gilroy, A. 1992, "Research in Art Therapy," In *Art Therapy: A Handbook*, D. Waller & A. Gilroy, eds., Buckingham: Open University Press, pp. 229-247.
- Gilroy, A. 2006. *Art Therapy, Research and Evidence-Based Practice* London, Sage Publications Ltd.
- Glasser, B.G. & Strauss, A.L. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research* New York, Aldine Publishing.
- Glennerster, H., Hills, J., Piachaud, D., & Webb, J. 2004, *One Hundred Years of Poverty and Policy*, Joseph Rowntree Foundation, York.
- Gorski, P. S. Bourdieu and Historical Analysis. 2013a. Durham, Duke University Press.
Ref Type: Edited Book
- Gorski, P. S. 2013b, "Nation-ization Struggles: A Bourdieusian Theory of Nationalism," In *Bourdieu and Historical Analysis*, P. S. Gorski, ed., Durham: Duke University Press, pp. 242-265.
- Gorski, P.S. 2013c. What is Critical Realism? And Why Should You Care? *Contemporary Sociology: A Journal of Reviews*, 42, (5) 658-665
- Goulden, C. 2013, *Measuring Child Poverty: A Consultation on Better Measures of Child Poverty*, Joseph Rowntree Foundation, York.
- Graham, H. & McQuaid, R. 2014, *Exploring the Impacts of the UK Government's Welfare Reforms on Lone Parents Moving into Work: Literature Review*, Glasgow Centre for Population Health, Glasgow.
- Gray, D.E. 2014. *Doing Research in the Real World*. London, Sage Publications Ltd.
- Grbich, C. 2013. *Qualitative Data Analysis An Introduction*, 2nd ed. London, SAGE Publications Ltd.
- Green, M. 2007, *Voices of People Experiencing Poverty in Scotland: Everyone Matters?*, Joseph Rowntree Foundation, York.
- Guba, E. G. & Lincoln, Y. S. 1994, "Competing Paradigms in Qualitative Research," In *Handbook of Qualitative Research*, N. K. Denzin & Y. S. Lincoln, eds., California: Sage Publications Ltd, pp. 105-117.
- Guy, J., Feinstein, L., & Griffiths, A. 2014, *Early Intervention in Domestic Violence and Abuse*, Early Intervention Foundation, London.
- Haddad, B. 2014. From a Good-Enough Mother to a Good Enough Sister: Art Therapy with Multicultural Groups of Refugees. *ATOL: Art Therapy On Line*, 5, (1) 1-12
- Hammersley, M. & Atkinson, P. 1995. *Ethnography, Principles in Practice*, 2nd ed. London, Routledge.

- Hammersley, M. & Atkinson, P. 2007. *Ethnography: Principles in Practice*, 3rd ed. London, Routledge.
- Hanlon, P., Walsh, D., & Whyte, B. 2006, Let Glasgow Flourish, Glasgow Centre for Population Health, Glasgow.
- Hardgrove, A., Enenajor, A., & Lee, A. J. 2011, *Risk and Childhood Poverty: Notes from Theory and Research*, Young Lives, Oxford.
- Harker, L. 2006, *Chance of a Lifetime: The Impact of Bad Housing on Children's Lives*, Shelter, London.
- Harper, F.D., Harper, J.A., & Stills, A.B. 2003. Counseling Children in Crisis Based on Maslow's Hierarchy of Basic Needs. *International Journal for the Advancement of Counselling*, 25, (1) 11-25
- Hartfree, Y. & Collard, S. 2014, *Poverty, Debt and Credit: An Expert-Led Review for the Joseph Rowntree Foundation*, University of Bristol, Bristol.
- Hastilow, S. & Coyle, T. 2008, "Aoided Anger: Art and Music therapy in a Medium-Secure Setting," *In Art Therapy and Anger*, M. Liebmann, ed., London: Jessica Kingsley Publishers, pp. 134-147.
- Heenan, D. 2006. Art As Therapy: An Effective Way of Promoting Positive Mental Health? *Disability & Society*, 21, (2) 179-191
- Hegelund, A. 2005. Objectivity and Subjectivity in the Ethnographic Method. *Qualitative Health Research*, 15, (5) 647-668
- Hills de Zárate, M. 2014. In What Ways Does the Context Shape the Practice of Art Therapy? *ATOL: Art Therapy On Line*, 5, (1) 1-7
- Hobday, A. & Ollier, K. 2005. *Creative Therapy with Children and Adolescents*, 2nd ed. California, Impact Publishers Ltd.
- Hocoy, D. 2005a. Art Therapy and Social Action: A Transpersonal Framework. *Art Therapy: Journal of the American Art Therapy Association*, 22, (1) 7-16
- Hocoy, D. 2005b. Ethnography as a Metaphor in Psychotherapy Training. *American Journal of Psychotherapy* 59(2), 101-118
- Hocoy, D. 2007, "Art Therapy as a Tool for Social Change: A Conceptual Model," *In Art Therapy and Social Action*, k & F. F. Kaplan, eds., London: Jessica Kingsley Publishers, pp. 21-39.
- Honer, A. & Hitzler, R. 2015. Life-World-Analytical Ethnography: A Phenomenology-Based Research Approach. *Journal of Contemporary Ethnography* 44(5), 544-562
- Hopewell, S., McDonald, S., Clarke, M.J., & Egger, M. 2008. Grey Literature in Meta-Analyses of Randomized Trials of Health Care Interventions. *The Cochrane Collaboration*, 2, (1) 17
- Howard, M., Garnham, A., Fimister, G., & Viet-Wilson, J. 2001. *Poverty: The Facts* London, Child Poverty Action Group.
- Howard, M. & Skipp, A. 2015, *Unequeal, Trapped and Controlled: Women's Experience of Financial Abuse and Potential Implications for Universal Credit*, Trades Union Congress, London.

- Howe, K.R. 1998. The Interpretive Turn and the New Debate in Education. *Educational Researcher*, 27, (8) 13-21
- Hsu Tsun-Wei, L. 2014. Art Therapy on a Picnic Blanket: Working in Open Space with Children in Marginal Areas of Taiwan. *ATOL: Art Therapy On Line* 1(5). Ref Type: Abstract
- Huet, V. 2011. Art Therapy-Based Organisational Consultancy: A Session at Tate Britain. *International Journal of Art Therapy: Formerly Inscape*, 16, (1) 3-13
- Huet, V. 2012. Creativity in a Cold Climate: Art Therapy-Based Organisational Consultancy within Public Healthcare. *International Journal of Art Therapy: Inscape*, 17, (1) 25-33
- Hunt, N. & McHale, S. 2007. A Practical Guide to the E-Mail Interview. *Qualitative Health Research*, 17, (10) 1415-1421
- Huss, E., Nuttman-Shwartz, O., & Altman, A. 2012. The Role of Collective Symbols as Enhancing Resilience in Children's Art. *The Arts in Psychotherapy*, 339, 52-59
- Hyland-Moon, C. 2014. Theorizing from the Margins. *Art Therapy Online: ATOL*, 5, (1) 1-12
- Iqbal, N. 2014. www.bbc.co.uk/newsbeat/article/30368218/clinton-cards-apologises-over-council-estate-card Ref: online source.
- Jack, G. & Gill, O. 2003. *The Missing Side of the Triangle: Assessing the Importance of Family and Environmental Factors in the Lives of Children* Essex, Barnardos.
- Jack, G. & Gill, O. 2013. Developing Cultural Competence for Social Work with Families Living in Poverty. *European Journal of Social Work*, 16, (2) 220-234
- Jackson, J. 2015, "Art Therapy, Health and Homelessness," *In Art Therapy with Physical Conditions*, M. Liebmann & S. Weston, eds., London: Jessica Kingsley Publishers, pp. 148-163.
- James, A. 2001, "Ethnography in the Study of Children and Childhood," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 246-257.
- Joseph Rowntree Foundation 2013a, *Monitoring Poverty and Social Exclusion in Scotland 2013*, New Policy Institute/Joseph Rowntree Foundation, York.
- Joseph Rowntree Foundation. 2013b. Poverty Porn? Who Benefits from Documentaries on Recession Britain? York, Joseph Rowntree Foundation. 10-2-0015b.
Ref Type: Online Source
- Joseph Rowntree Foundation. 2013c. JRF and JRHT Position On Welfare Reform. 2013. Ref Type: Online Source
- Jung, C.J. 1963. *Memories, Dreams Reflections* New York, Patheon Books.
- Kalmanowitz, D. & Lloyd, B. 1997. *The Portable Studio Art Therapy and Political Conflict: Initiatives in Former Yugoslavia and South Africa* London, Health Education Authority.
- Kalmanowitz, D. & Lloyd, B. 2005, "Art Therapy and Political Violence," *In Art Therapy and Political Violence: With Art, Without Illusion*, D. Kalmanowitz & B. Lloyd, eds., East Sussex: Routledge, pp. 14-34.
- Kalmanowitz, D. & Lloyd, B. 2011, "Psychosocial Approach," *In Navigating Art Therapy: A Therapist's Companion*, C. Wood, ed..

- Kapitan, L. 2010. *Introduction to Art Therapy Research* New York, Routledge.
- Kapitan, L. 2012. Educating the Future Practitioner of Art Therapy. *Art Therapy: Journal of the American Art Therapy Association*, 29, (4) 148-149
- Kapitan, L. 2014. Re: Invention and Realignment of Art Therapy. *ATOL: Art Therapy On Line*, 1, (5) 1-21
- Kerr, F. 2008. *Work on Oneself: Wittgenstein's Philosophical Psychology* Washington, The Catholic University of America Press.
- Krumer-Nevo, M. 2008. From Noise to Voice: How Social Work can Benefit from the Knowledge of People Living in Poverty. *International Social Work*, 51, (4) 556-565
- Kumar, V. 1993. *Poverty and Inequality in the UK: The Effects on Children* London, National Children's Bureau.
- Kvale, S. & Brinkman, S. 2009. *Interviews: Learning the Craft of Qualitative Research Interviewing*, 2nd ed. London, SAGE Publications Ltd.
- Laing, R.D. 1982. *The Voice of Experience* New York, Patheon Books.
- Landy, R., Walsh, D., & Ramsay, J. 2010, *The Scottish Health Survey: The Glasgow Effect*, Crown Copyright, Edinburgh.
- Law, J. 2004. *After Method: Mess in Social Science Research* London, Routledge.
- Lawlor, L. 2005. Un Ecart Infime (Part 1): Foucault's Critique of the Concept of Lived-Experience. *Research in Phenomenology*, 35, (1) 11-28
- Learmonth, M. & Gibson, K. 2010. Art Psychotherapy, Disability Issues, Mental Health, Trauma and Resilience: Things and People. *International Journal of Art Therapy: Formerly Inscape*, 15, (2) 53-64
- Leat, D. 1995, "Funding Matters," *In An Introduction to the Voluntary Sector*, J. Davis Smith, C. Rochester, & R. Hedley, eds., London: Routledge, pp. 157-189.
- Lee, N.J. 2009. *Achieving Your Professional Doctorate* Berkshire, Open University Press.
- Lewis, O. 1961. *The Children of Sanchez, Autobiography of a Mexican Family* New York, Penguin.
- Liebmann, M. 1994, "Art Therapy and Changing Probation Values," *In Art Therapy with Offenders*, M. Liebmann, ed., London: Jessica Kingsley Publishers, pp. 250-289.
- Lister, R. 2002. The Politics of Recognition and Respect: Involving People with Experience of Poverty in Decision Making that Affects their Lives. *Social Policy & Society*, 1, (1) 37-46
- Lofquist, E. & Lines, R. 2009, "Delayed Due to Heavy Turbulence: an Analysis of Power, Political Tactics and Ultimately, the Abortion of a Major Organizational Change Initiative," *In Managing Organizational Change in Public Services*, R. T. By & C. MacLeod, eds., Oxon: Routledge, pp. 157-178.
- Loughry, L. & Eyber, C. 2003. *Psychosocial Concepts in Humanitarian Work with Children: A Review of the Concepts and Related Literature* Washington, The National Academies Press.

MacDonald, S. 2001, "British Social Anthropology," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 60-79.

MacIntyre, A. 1988. *Whose Justice? Which Rationality?* London, Duckworth Press.

Mackenzie, N. & Kipe, S. 2006. Research Dilemmas: Paradigms, Methods and Methodology. *Issues in Educational Research*, 16, (1) 1-11

Main, G. & Pople, L. 2011, *Missing Out: A Child Centred Analysis of Material Deprivation and Subjective Wellbeing*, The Children's Society, London.

Malinowski, B. 1922. *Argonauts of the Western Pacific* London, Routledge & Kegan Paul Ltd.

Manzi, T. 2014. Understanding the Dynamics of Welfare Policy: Public Management Reform, Social Change and the UK Housing Sector. Ref Type: Unpublished Work

Martin, M. 2000. *Verstehen: The Uses of Understanding in the Social Sciences* New Jersey, Transaction Publishers.

Maslow, A.H. 1970. *Motivation and Personality*, 2nd ed. New York, Harper and Row.

Mason, P., Lloyd, R., Rayment, M., White, A., Jackson, O., Coombes, M., & Young, C. 2011, *Local Authority Child Poverty Innovation Pilot Evaluation: Final Synthesis Report*, Department for Education, Newcastle.

McCormick, J. & Philo, C. 1995, "Where is Poverty? The Hidden Geography of Poverty in the United Kingdom," *In Off The Map: The Social Geography of Poverty in the UK*, C. Philo, ed., London: Child Poverty Action Group.

McGregor, S. & Macaulay, C. 2009. Arts in Health: Promoting the Health and Wellbeing of Young Care Leavers. *Scottish Journal of Residential Childcare*, 8, (2) 11-17

McGuinness, T.M. & Schneider, K. 2007. Poverty, Child Maltreatment and Foster Care. *Journal of the American Psychiatric Nurses Association*, 13, (5) 296-303

McHardy, F. 2013, *Surviving Poverty - The Impact of Lone Parenthood: Research into Experiences of Lone Parents in Rural Fife*, The Poverty Alliance, Glasgow.

McKendrick, J. H. 2011a, "How Do We Measure Poverty?," *In Poverty in Scotland 2011*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 30-46.

McKendrick, J. H. 2011b, "Rural Poverty," *In Poverty In Scotland 2011: Towards a More Equal Scotland?*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 196-202.

McKendrick, J. H. 2011c, "What is Life Like for People Experiencing Poverty," *In Poverty in Scotland 2011: Towards a More Equal Scotland?*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 111-130.

McKendrick, J. H. 2011d, "What is Poverty?," *In Poverty in Scotland 2011: Towards a More Equal Scotland?*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 17-29.

McKendrick, J. H. 2014a, *Attitudes Toward Child Poverty in Contemporary Scotland. Report on the 2013 SCOTPULSE Panel Survey on Child Poverty*, The Hunter Foundation, Glasgow.

McKendrick, J. H. 2014b. Counting Poverty in Scotland -Numbers That Should Shape Our Priorities For Anti-Poverty Activity Beyond 2014. Scottish Anti Poverty Review Autumn 2014. Glasgow, The Poverty Alliance. Ref Type: Magazine Article

McKendrick, J. H. 2014c, "What is Poverty?," *In Poverty in Scotland 2014: The Independence Referendum and Beyond*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 31-43.

McKendrick, J. H. & Sinclair, S. 2012, *Local Action to Tackle Child Poverty in Scotland*, Save the Children.

McLeod, J. 2011. *Qualitative Research in Counselling and Psychotherapy*, 2nd ed. Sage Publications Ltd.

Menter, I., Elliot, D., Hulme, M., Lewin, J., & Lowden, K. 2011. *A Guide to Practitioner Research in Education* London, SAGE Publications Ltd.

Miles, M.B. & Huberman, A.M. 1994. *Qualitative Data Analysis*, 2nd ed. London, SAGE Publications Ltd.

Mills, E. & Kellington, S. 2012. Using Group Art Therapy to Address the Shame and Silencing Surrounding Children's Experiences of Witnessing Domestic Violence. *International Journal of Art Therapy: Formerly Inscape*, 17, (1) 3-12

Mooney, G. 2011, *Stigmatising Poverty? The Broken Society and Reflections on Anti-Welfarism in the UK Today*, Oxfam, Oxford.

Mooney, G. & Scott, G. 2012, "Devolution, Social Justice and Social Policy: The Scottish Context," *In Social Justice and Social Policy in Scotland*, G. Mooney & G. Scott, eds., Bristol: The Policy Press, pp. 1-23.

Mooney, G. 2014, "Poverty, 'Austerity' and Scotland's Constitutional Future," *In Poverty in Scotland: The Independence Referendum and Beyond*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 3-27.

Morelli, C. & Seaman, P. 2012, "Income and Wealth Inequalities in Scotland Since 1997," *In Social Justice and Social Policy in Scotland*, G. Mooney & G. Scott, eds., Bristol: The Policy Press, pp. 43-60.

Morrison, C. & Shorrt, N. 2007. Fuel Poverty in Scotland: Refining Spatial Resolution in the Scottish Fuel Poverty Indicator Using a GIS Based Multiple Risk Index, County Kildare, Ireland: National Centre for Geocomputation, pp. 425-429.

Morrow, V. & Vennam, U. 2015, "Those Who Are Good to Us, We Call Them Friends: Social Support and Social Networks for Children Growing Up in Poverty in Rural Andhra Pradesh, India," *In Childhood with Bourdieu*, L. Alanen, L. Brooker, & B. Mayall, eds., Basingstoke: Palgrave Macmillan, pp. 142-164.

Morse, J.M. 1993. Drowning in Data. *Qualitative Health Research*, 3, (3) 267-269

Mortenson, W.B. & Dyck, I. 2006. Power and Client-Centred Practice: An Insider Exploration of Occupational Therapists' Experiences. *Canadian Journal of Occupational Therapy*, 73, (5) 261-271

Moxley, D.P., Feen-Calligan, H., Washington, O.G.M., & Garriott, L. 2011. Quilting in Self-Efficacy Group Work with Older African American Women Leaving Homelessness. *Art Therapy: Journal of the American Art Therapy Association*, 28, (3) 113-122

- Murali, V. & Oyeboade, F. 2004. Poverty, Social Inequality and Mental Health. *Advances in Psychiatric Treatment*, 10, 216-224
- Murphy, J., Paisley, D., & Pardoe, L. 2004. An Art Therapy Group for Impulsive Children. *International Journal of Art Therapy: Formerly Inscape*, 9, (2) 59-68
- Nelson Braun, L. 1997. In from the Cold: Art Therapy with Homeless Men. *Art Therapy: Journal of the American Art Therapy Association*, 14, (2) 118-122
- O'Brien, F. 2003. Bella and the White Water Rapids. *International Journal of Art Therapy: Formerly Inscape*, 8, (1) 29-41
- O'Brien, R., Wyke, S., Guthrie, B., Watt, G., & Mercer, S. 2011. An 'Endless Struggle': A Qualitative Study of General Practitioners' and Practice Nurses' Experiences of Managing Multimorbidity in Soci-Economically Deprived Areas of Scotland. *Chronic Illness*, 7, 45-59
- O'Hagan, A. 2014, "Perspectives on Gender Equality in Scotland," *In Poverty in Scotland: The Independence Referendum and Beyond*, J. H. McKendrick et al., eds., London: Child Poverty Action Group, pp. 229-235.
- O'Reilly, K. 2012. *Ethnographic Methods*, 2nd ed. Oxon, Routledge.
- Oakley, M. & Tinsley, M. 2013, *Outcomes, Not Just Incomes: Improving Britain's Understanding and Measurement of Child Poverty*, Policy Exchange, London.
- Oliver, P. 2006, "Snowball Sampling," *In The SAGE Dictionary of Social Research Methods*, V. Jupp, ed., London: SAGE Publications.
- Ormston, R., Spencer, L., Barnard, M., & Snape, D. 2013, "The Foundations of Qualitative Research," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie et al., eds., London: Sage Publications Ltd, pp. 1-25.
- Payne, S. 2012, *Mental Health, Poverty and Social Exclusion*, University of Bristol, Bristol.
- Pittam, S. 2008, "Inside-Out/Outside In: Art Therapy with Young Male Offenders in Prison," *In Art Therapy and Anger*, M. Liebmann, ed., London: Jessica Kingsley Publishers, pp. 87-101.
- Pounsett, H., Parker, K., Hawtin, A., & Collins, S. 2006. Examination of the Changes That Take Place During an Art Therapy Intervention. *International Journal of Art Therapy: Formerly Inscape*, 11, (2) 79-101
- Power, A., Willmot, H., & Davidson, R. 2011. *Family Futures: Childhood and Poverty in Urban Neighbourhoods Bristol*, The Policy Press.
- Power, N. & Hawtin, A. 2015, "Life, Loss and Labels: Art Therapy with Clients with Learning Disabilities and Terminal Physical Illness," *In Art Therapy with Physical Conditions*, M. Liebmann & S. Weston, eds., London: Jessica Kingsley Publishers, pp. 164-186.
- Rainbow, P. & Sullivan, W. M. 1979. *Interpretive Social Science: A Reader*. California, University of California Press. Ref Type: Edited Book
- Randall, D., Williams, R., & Wagstaff, C. 2010, *The Parent Trap: Promoting Poor Children's Mental Health*, Child Poverty Action Group, London.
- Randall, J. 2004. *Managing Change/Changing Managers* London, Routledge.

Reynolds, M.W., Nabors, L., & Quinlan, A. 2000. The Effectiveness of Art Therapy: Does it Work? *Art Therapy: Journal of the American Art Therapy Association*, 17, (3) 207-213

Ridge, T. 2009, *Living with Poverty: A Review of the Literature on Children's and Families' Experiences of Poverty*, Crown Copyright/DWP, London.

Rowntree, B.S. 1901. *Poverty: A Study of Town Life* London, Macmillan and Co.

Rowntree, B.S. 1941. *Poverty and Progress: A Second Social Survey of York* London, Longmans Green and Co. Ltd.

Rowntree, B.S. & Lavers, G.R. 1951. *Poverty and the Welfare State: A Third Social Survey of York Dealing only with Economic Questions* London, Longmans.

Rubin, J.A. 1984. *Child Art Therapy: Understanding and Helping Children Grow Through Art*, 2nd ed. New York, John Wiley & Sons.

Ryff, C.D. 1989. Happiness is Everything, or is it? Explorations on the Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, 57, (6) 1069-1081

Sajjani, N. & Kaplan, F.F. 2012. The Creative Arts Therapies and Social Justice: A Conversation Between the Editors of this Special Issue. *The Arts in Psychotherapy*, 39, (3) 165-167

Saxon-Harrold, S. & Kendall, J. *Researching the Voluntary Sector*. 2nd. 1994. Kent, Charities Aid Foundation. Ref Type: Edited Book

Scheff, T. 2011. The Catastrophe of Scientism in Social/Behavioural Science. *Contemporary Sociology: A Journal of Reviews*, 40, (3) 264-268

Scheff, T. & Retzinger, S. 2000. Shame as the Master Emotion of Everyday Life. *Journal of Mundane Behaviour*, 1, (3) 303-324

Scott Paul, A. 2013. *Sanctions: Hitting the Most Vulnerable*. Joseph Rowntree Foundation. Ref Type: Online Source

Scottish Association for Mental Health. 2014, *Worried Sick: Experiences of Poverty and Mental Health Across Scotland*, Scottish Association for Mental Health, Glasgow.

Scottish Campaign on Welfare Reform 2013, *A Manifesto for Change*, Child Poverty Action Group Scotland, Glasgow.

Scottish Government 2010, *Coping with Change and Uncertainty: Scotland's Equalities Groups and the Recession*, Crown Copyright, Edinburgh.

Scottish Government 2012a, *Scottish Index of Multiple Deprivation 2012*, National Statistics/Crown Copyright, Edinburgh.

Scottish Government. 2012b. *SIMD Interactive Mapping*. Ref Type: Online Source

Scottish Government 2013a, *Annual Report for the Child Poverty Strategy for Scotland*, Crown Copyright, Edinburgh.

Scottish Government. 2013b. *Guidance on the Definition of SIMD Quintiles*. Edinburgh, Crown Copyright. Ref Type: Pamphlet

Scottish Government 2013c, *The Gender Impact of Welfare Reform: Equality and Tackling Poverty Analysis*, Crown Copyright, Edinburgh.

Scottish Government 2014, *Child Poverty Strategy for Scotland: Our Approach 2014 – 2017*, Crown Copyright, Edinburgh.

Scottish Government 2015, *Poverty and Income Inequality in Scotland: 2013/14*, Crown Copyright, Edinburgh.

Scottish Government 2016, Scottish Index of Multiple Deprivation. Ref: Online source www.gov.scot/Topics/Statistics/SIMD

Segal, E.A. 2007. Social Empathy: A New Paradigm to Address Poverty. *Journal of Poverty*, 11, (3) 65-81

Seymour, D. 2009, *Reporting Poverty in the UK: A Practical Guide for Journalists*, Joseph Rowntree Foundation, York.

Sharma, V. 2005, *Women's and Children's Poverty: Making the Links*, Women's Budget Group, London.

Shelter 2008, *A Long Way from Home: Mental Distress and Long-Term Homelessness*, Shelter, London.

Shelter. 2010a. Supporting Homeless Children: Guidance for Children and Family Services. London, Shelter. Ref Type: Pamphlet

Shelter 2010b, *Supporting Homeless Children: Guidance for Health Visitors*, Shelter, London.

Shelter 2012, *Shelter Response to the Milburn Review into Social Mobility and Child Poverty*, Shelter, London.

Shelter 2013, *Growing up Renting: A Childhood Spent in Private Rented Homes*, Shelter, London.

Shelter Scotland 2011, *The Facts: Bad Housing and Homelessness for Children and Young People in Scotland 2011*, Shelter Scotland, Edinburgh.

Shelter Scotland, 2015. www.shelterscotland.org/lifeworthliving Ref: Online source.

Silverman, D. 2011. *Interpreting Qualitative Data* London, Sage Publications Ltd.

Simmons-Mackie, N. & Damico, J.S. 1999. Qualitative Methods in Aphasia Research: Ethnography. *Aphasiology*, 13, (9-11) 681-687

Slayton, S.C. 2012. Building Community as Social Action: An Art Therapy Group with Adolescent Males. *The Arts in Psychotherapy*, 39, 179-185

Smith, L. 2005. Psychotherapy, Classism and the Poor: Conspicuous by Their Absence. *American Psychologist*, 60, (7) 687-696

Smith, R. 2008. *Social Work and Power* Hampshire, Palgrave MacMillan.

Smith, V. 2001, "Ethnographies of Work and the Work of Ethnographers," *In Handbook of Ethnography*, P. Atkinson et al., eds., London: Sage Publications Ltd, pp. 220-233.

Sosu, E. & Ellis, S. 2014, *Closing the Attainment Gap in Scottish Education*, Joseph Rowntree Foundation, York.

Spencer, N. 2008, *Health Consequences of Poverty for Children*, End Child Poverty, London.

Stitt, S. & Grant, D. 1993. *Poverty: Rowntree Revisited*. Aldershot, Ashgate Publishing Ltd.

Sundet, R. 2011. Collaboration: Family and Therapist Perspectives of Helpful Therapy. *Journal of Marital & Family Therapy*, 37, (2) 236-249

Sumner, M. 2006, "Qualitative Research," *In The SAGE Dictionary of Social Research Methods*, V. Jupp, ed., London: SAGE Publications Ltd.

Suzuki, L. A., Ahluwalia, M. K., Mattis, J. S., & Quizon, C. A. 2005. Ethnography in Counselling Psychology Research: Possibilities for Application. *Journal of Counseling Psychology* 52(2), 206-214

Swainson, C. 1990, "Art Therapy and Homeless People," *In Art Therapy in Practice*, M. Liebmann, ed., London: Jessica Kingsley Publishers, pp. 156-170.

Taulbut, M. & Walsh, D. 2013, *Poverty, Parenting and Poor Health: Comparing Early Years' Experiences in Scotland, England and Three City Regions*, Glasgow Centre for Population Health, Glasgow.

Taulbut, M., Walsh, D., Parcell, S., Hanlon, P., Hartmann, A., Poirier, G., & Strniskova, D. 2011, *Health and its Determinants in Scotland and Other Parts of Post-Industrial Europe: The Aftershock of Deindustrialisation Study Phase Two*, Glasgow Centre for Population Health, Glasgow.

Taylor, B.J. 2006. *Reflective Practice: A Guide for Nurses and Midwives*, 2nd ed. Open University Press, Berkshire.

Taylor, C. 1971 Interpretation and the Sciences of Man. *The Review of Metaphysics* 25(1), 3-51

Taylor, S. 2008. Combining Qualitative and Quantitative Methods in Researching the Dynamics of Childhood Poverty. *Enquire*, 1, (1) 47-60

Taylor-Gooby, P. 2013. *The Double Crisis of the Welfare State and What We Can Do About It* Basingstoke, Palgrave MacMillan.

Thomas, D. R. 2003. A General Inductive Approach for Qualitative Data Analysis.
Ref Type: Online Source

Thomas, D.R. 2006. A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*, 27, (2) 237-246

Thomson, L.J.M., Ander, E.E., Menon, U., Lanceley, A., & Chatterjee, H.J. 2012. Quantitative Evidence for Well-Being Benefits From a Heritage-in-Health Intervention with Hospital Patients. *International Journal of Art Therapy: Formerly Inscape*, 17, (2) 63-79

Thurmond, V.A. 2001. The Point of Triangulation. *Journal of Nursing Scholarship*, 33, (3) 253-258

Touraine, A. 2000. A Method for Studying Social Actors. *Journal of World-Systems Research* 6(3), 900-918

- Townsend, P. 1973. *The Social Minority* London, Allen Lane/Penguin Books Ltd.
- Townsend, P. 1975. *Sociology and Social Policy* London, Allen Lane Penguin Books Ltd.
- Townsend, P. 1979. *Poverty in the United Kingdom: A Survey of Household Resources and Standards of Living* Middlesex, Penguin Books Ltd.
- Treanor, M. C. 2012, *Impacts of Poverty on Children and Young People*, Scottish Child Care and Protection Network, University of Stirling, Stirling.
- Tsirs, G., Pavlicevic, M., & Farrant, C. 2014. *A Guide to Evaluation for Arts Therapists and Arts & Health Practitioners* London, Jessica Kingsley Publishers.
- UK Government. 2010. Child Poverty Act 2010. Crown Copyright 2010. Ref Type: Statute
- UK Government. 2012. Welfare Reform Act 2012. Crown Copyright 2012. Ref Type: Statute
- UK Government 2014, *Child Poverty Strategy 2014-17*, Crown Copyright 2014. HM Government, London.
- UNICEF 2011, *Child Poverty in the UK*, UNICEF UK, London.
- Valentine, G. 2014, *Inequality and Class Prejudice in an Age of Austerity*, Sheffield Political Economy Research Institute, Sheffield.
- Varjas, K., Nastasi, B.K., Bernstein Moore, R., & Jayasena, A. 2005. Using Ethnographic Methods for Development of Culture-Specific Interventions. *Journal of School Psychology*, 43, 241-258
- Wall, S. 2006. An Autoethnography on Learning About Ethnography. *International Journal of Qualitative Methods*, 5, (2) 1-12
- Waller, D. 1991. *Becoming a Profession: The History of Art Therapy in Britain 1940-82* London, Routledge.
- Waller, D. 2006. Art Therapy for Children: How it Leads to Change. *Clinical Child Psychology and Psychiatry*, 11, (2) 271-282
- Waller, D. 2015. *Group Interactive Art Therapy: Its Use in Training and Treatment*, 2nd ed. London, Routledge.
- Waller, D. & Gilroy, A. 1997. *Art Therapy, A Handbook*. 3rd. UK, Open University Press.
Ref Type: Edited Book
- Walsh, D., Taulbut, M., & Hanlon, P. 2009. The Aftershock of Deindustrialisation - Trends in Mortality in Scotland and Other Parts of Post-Industrial Europe. *European Journal of Public Health*, 20, (1) 58-64
- Walsh, D., Bendel, N., Jones, R., & Hanlon, P. 2010, Investigating a 'Glasgow Effect': Why Do Equally Deprived UK Cities Experience Different Health Outcomes?, Glasgow Centre for Population Health, Glasgow.
- Warrender, C. 2013. Fife Parents are Going Hungry to let Kids Eat, *The Courier* (20/02/13).
- Wilkinson, R.G. 2000. *Mind the Gap: Hierarchies, Health and Human Evolution* London, The Orion Publishing Group Ltd.

- Winch, P. 1958. *The Idea of Social Science and its Relation to Philosophy* London, Routledge & Kegan Paul.
- Winnicott, D. 1953. Transitional objects and transitional phenomena, *International Journal of Psychoanalysis*, 34:89-97
- Withington, R. 2011, *NHS Greater Glasgow and Clyde Financial Inclusion Evaluation Project: Literature Review*, Glasgow Centre for Population Health, Glasgow.
- Wood, C. 1999a, "Class Issues in Art Therapy," *In Art Therapy, Race and Culture*, J. Campbell et al., eds., London: Jessica Kingsley Publishers, pp. 135-155.
- Wood, C. 1999b. Gathering Evidence: Expansion of Art Therapy Research Strategy. *International Journal of Art Therapy: Formerly Inscape*, 4, (2) 51-61
- Wood, C. 2000. The Significance of Studios. *International Journal of Art Therapy: Formerly Inscape*, 5, (2) 40-53
- Wood, C. 2010. Convivencia: A Medieval Idea with Contemporary Relevance. *Art Therapy Online: ATOL*, 1, (1) 1-33
- Wood, C. 2011. *Navigating Art Therapy: A Therapists Companion* London, Routledge.
- World Health Organization 2007, *Breaking the Vicious Cycle Between Mental Ill-Health and Poverty*, World Health Organization, Geneva.
- Wrapson, W., Mewse, A. J., & Lea, S. 2008, "The Psychology of Poverty," *In Why Money Matters: Family Income, Poverty and Children's Lives*, J. Strelitz & R. Lister, eds., London: Save the Children, pp. 80-88.
- Wratten, E. 1995. Conceptualizing Urban Poverty. *Environment and Urbanization*, 7, (11) 11-33

Appendix

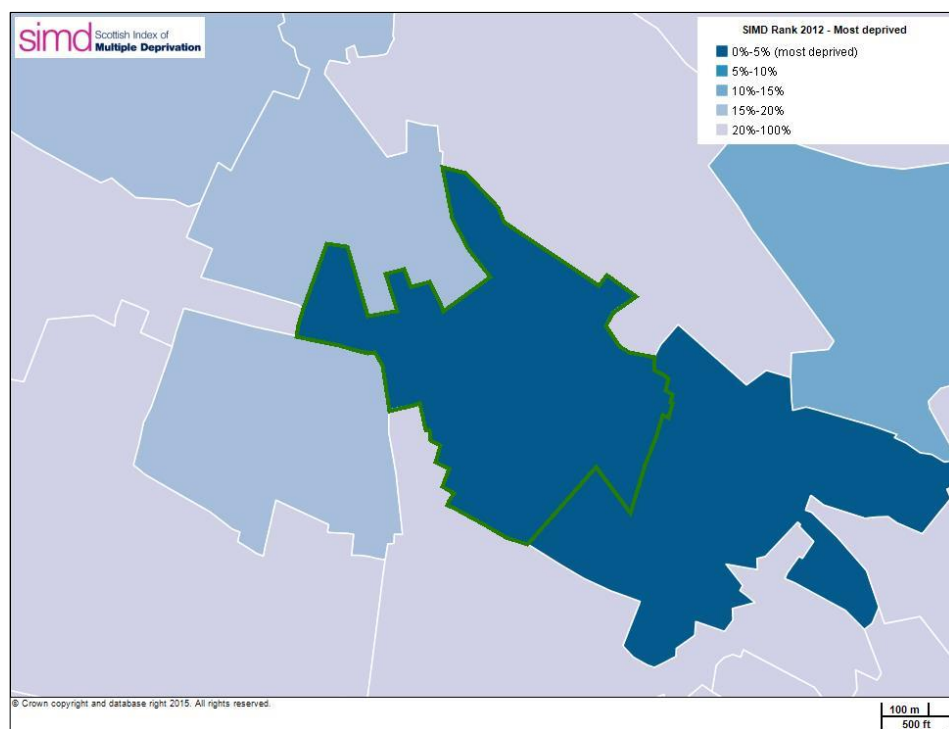


Figure 14: Researcher Place of Residence - Renfrewshire (2006-2008) © Crown Copyright

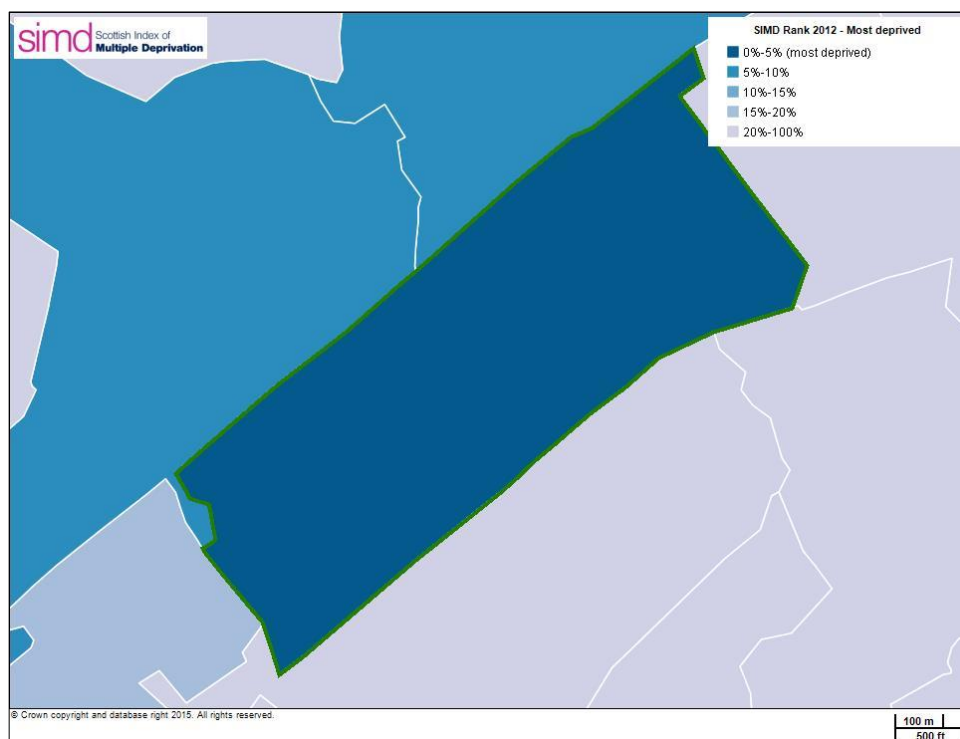


Figure 15: Researcher Place of Residence - Renfrewshire (1989-2006) © Crown Copyright

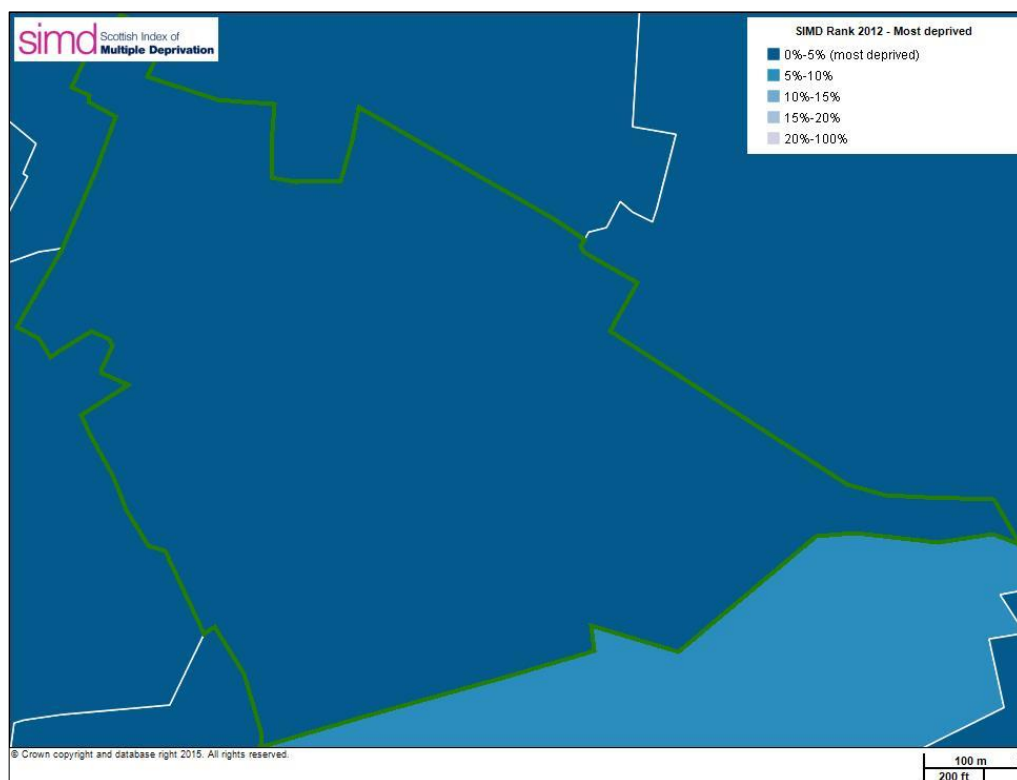


Figure 16: Researcher Place of Residence - Renfrewshire (1982-1989) © Crown Copyright

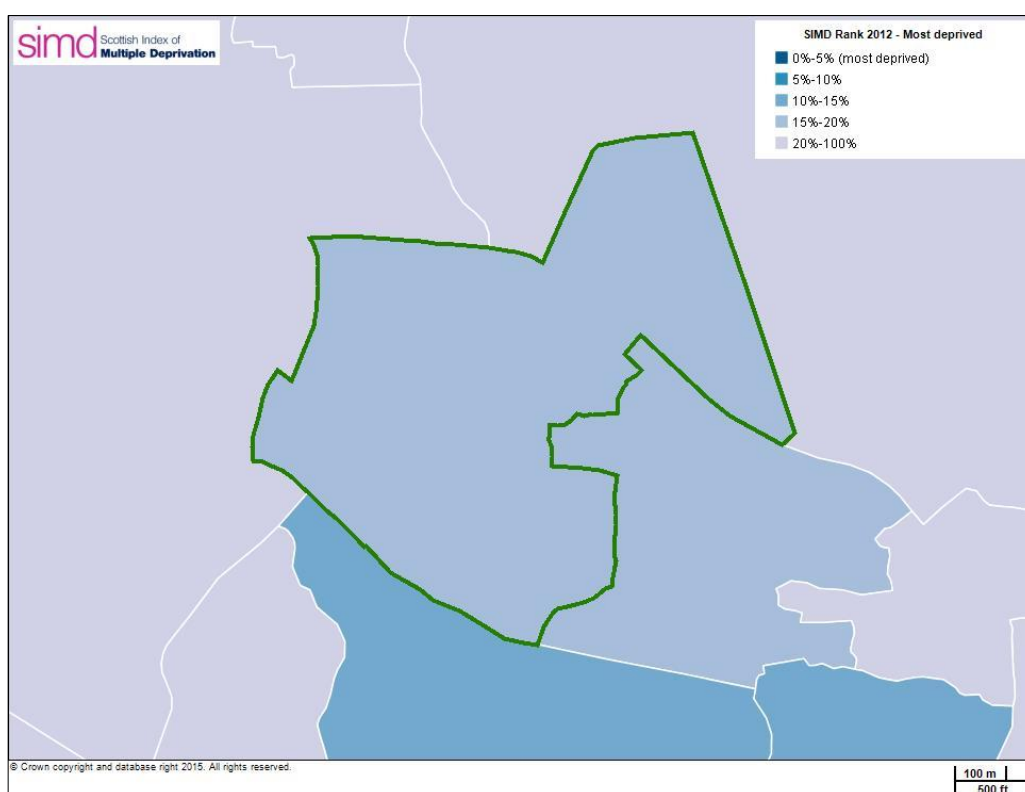


Figure 17: Researcher Place of Work – North Ayrshire (2015-Present) © Crown Copyright

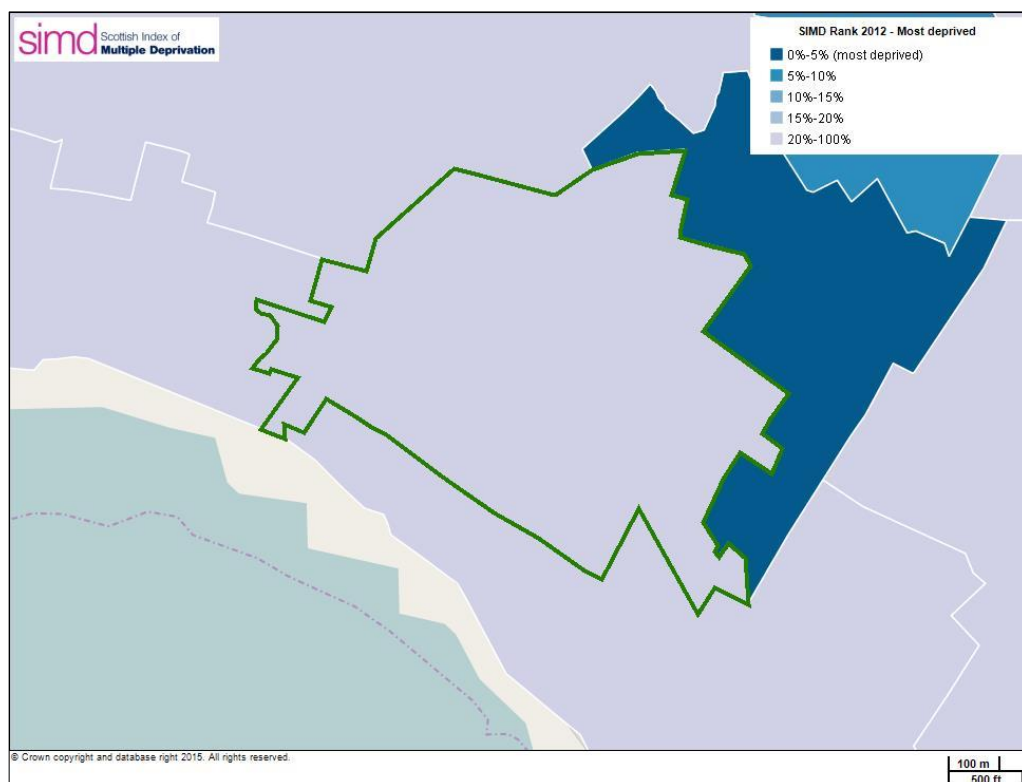


Figure 18: Researcher Place of Work – West Dunbartonshire (2014-2015) © Crown Copyright

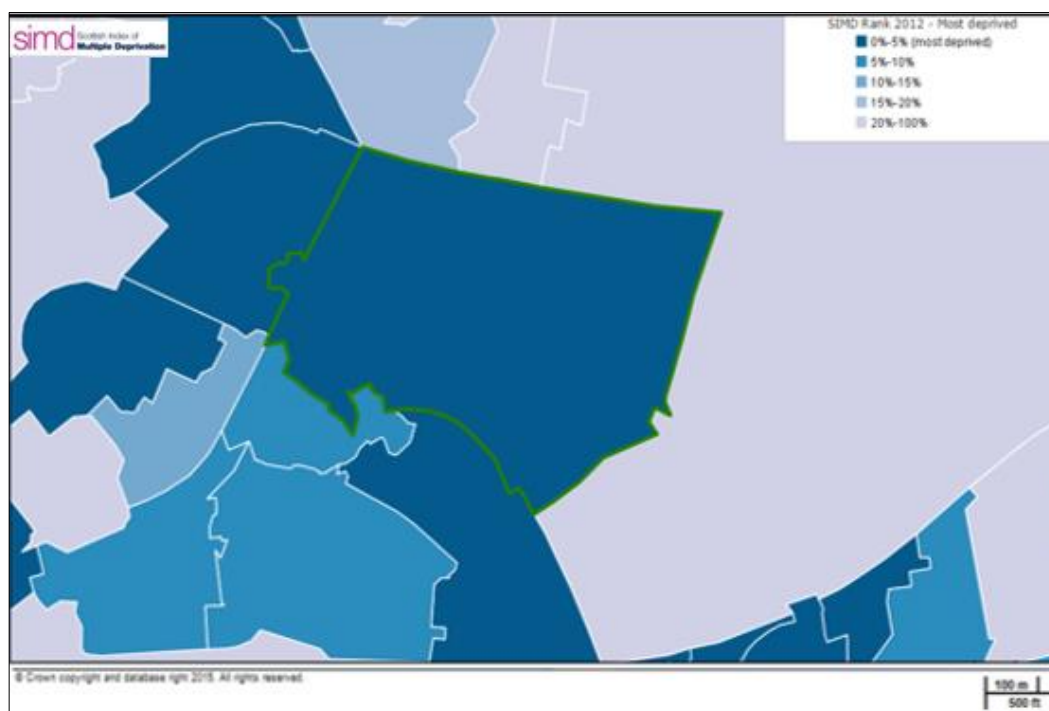


Figure 19: Researcher Place of Work - Glasgow (2013-2014) © Crown Copyright

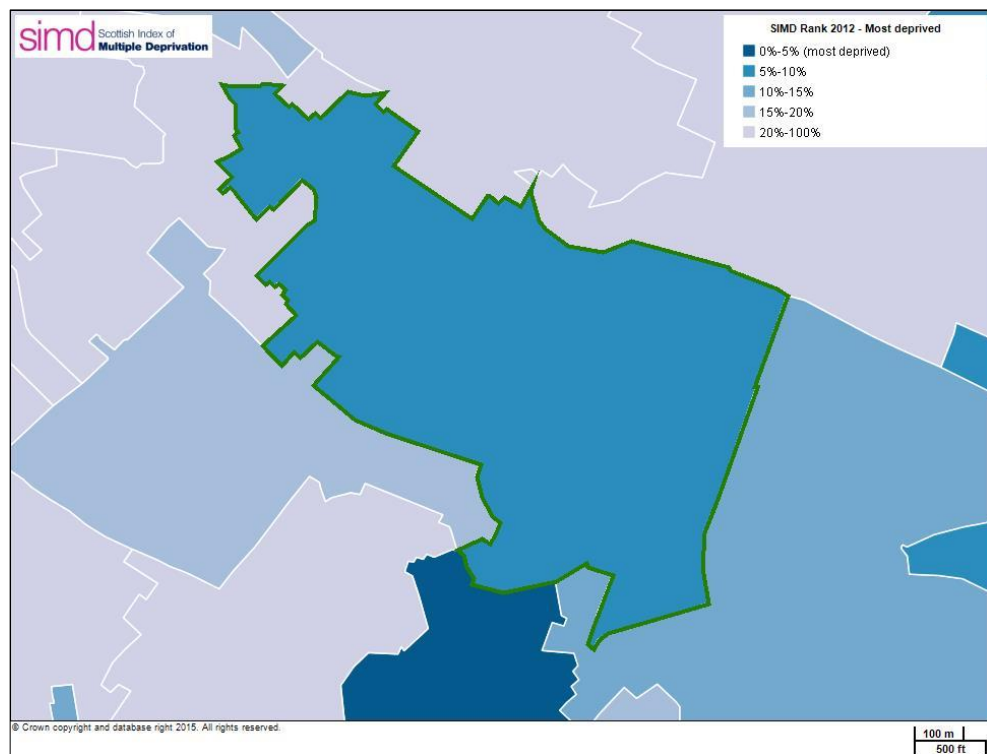


Figure 20: Researcher Place of Work – South Lanarkshire (2007-2013) © Crown Copyright

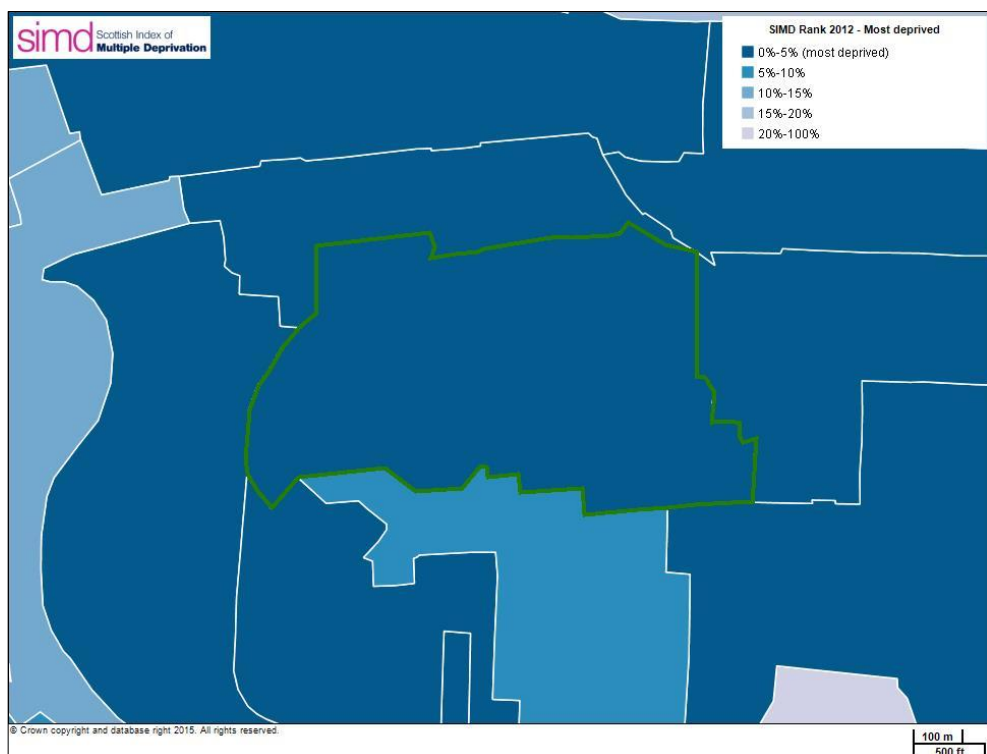
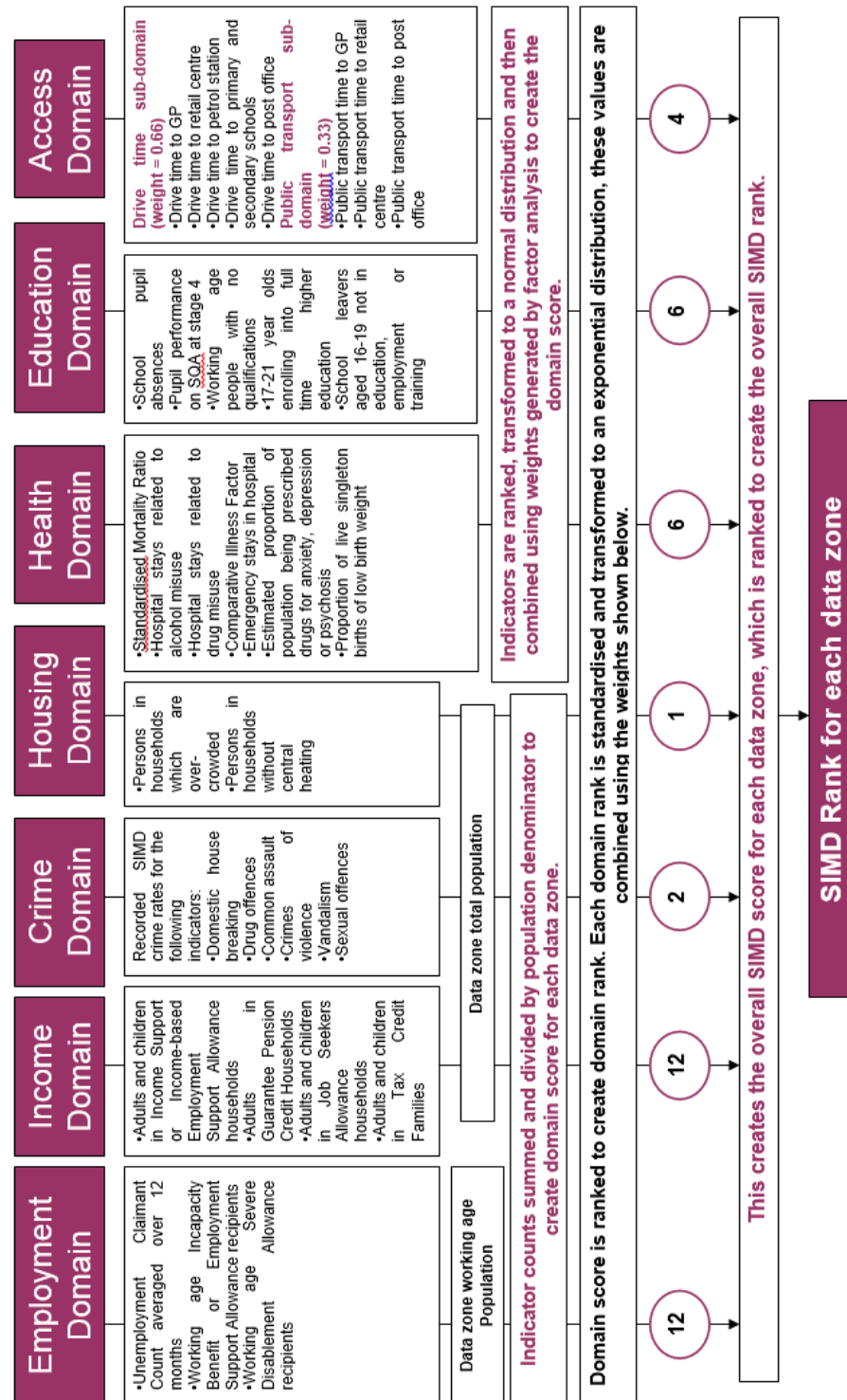


Figure 21: Researcher Place of Work - Glasgow (2005-2007) © Crown Copyright

SIMD 2012 Methodology



Indicators are ranked, transformed to a normal distribution and then combined using weights generated by factor analysis to create the domain score.

Table 8: SIMD 2012 Methodology © Crown Copyright

Guidance on how to use the SIMD (2012) suggests that datasets can be categorised into the following; Quintiles, Deciles, and Vigintiles (Scottish Government 2013b):

- Quintiles split up the dataset into 5 groups, each containing 20% of the data. The first quintile contains the 20% most deprived datazones (1-1301) and the last quintile contains the least deprived datazones.
- Deciles split up the dataset into 10 groups, each containing 10% of the data. The first decile contains the 10% most deprived datazones (1-651) and the last decile contains the least deprived datazones.
- Vigintiles split up the dataset into 20 groups, each containing 5% of the data. The first vigintiles contains the 5% most deprived datazones (1-325) and the most deprived 15% of datazones consists of the first three vigintiles combined.

There is also a fourth category of Percentiles which splits the datazones into 100 groups, each containing 1% of Scotland's datazones. When considering the category that would give the most appropriate overview of deprivation ranking, it was decided that Percentile would not be used as this lists datazones individually which would make participant areas identifiable and would therefore breach confidentiality. As can be seen from the table below, these datazones were then placed in the relevant percentage brackets across the categories of Quintile, Decile and Vigintile to give an overview as well as a breakdown of the number of participants working in areas that were classified as being *most* or *least* deprived:

SIMD Datazones from 1-6505 /*Number of Participants								
Quintile (20%)	SIMD Rank	NP*	Decile (10 %)	SIMD Rank	NP*	Vigintile (5%)	SIMD Rank	NP*
1	1-1301	5	1	1-651	2	1	1-325	2
2	1302-2602	2	2	652-1301	3	2	326-651	0
3	2603-3903	1	3	1302-1952	1	3	652-976	3
4	3904-5204	2	4	1953-2602	1	4	977-1301	0
5	5205-6505	0	5	2603-3253	0	5	1302-1626	1
			6	3254-3903	1	6	1627-1952	0
			7	3904-4554	0	7	1953-2277	1
			8	4555-5204	2	8	2278-2602	0
			9	5205-5855	0	9	2603-2927	0
			10	5856-6505	0	10	2928-3253	0
						11	3254-3578	1
						12	3579-3903	0
						13	3904-4228	0
						14	4229-4554	0
						15	4555-4879	0
						16	4880-5204	2
						17	5205-5529	0
						18	5530-5855	0
						19	5856-6180	0
						20	6181-6505	0

Table 9: Participant Datazone Categories for Quintile, Decile and Vigintile

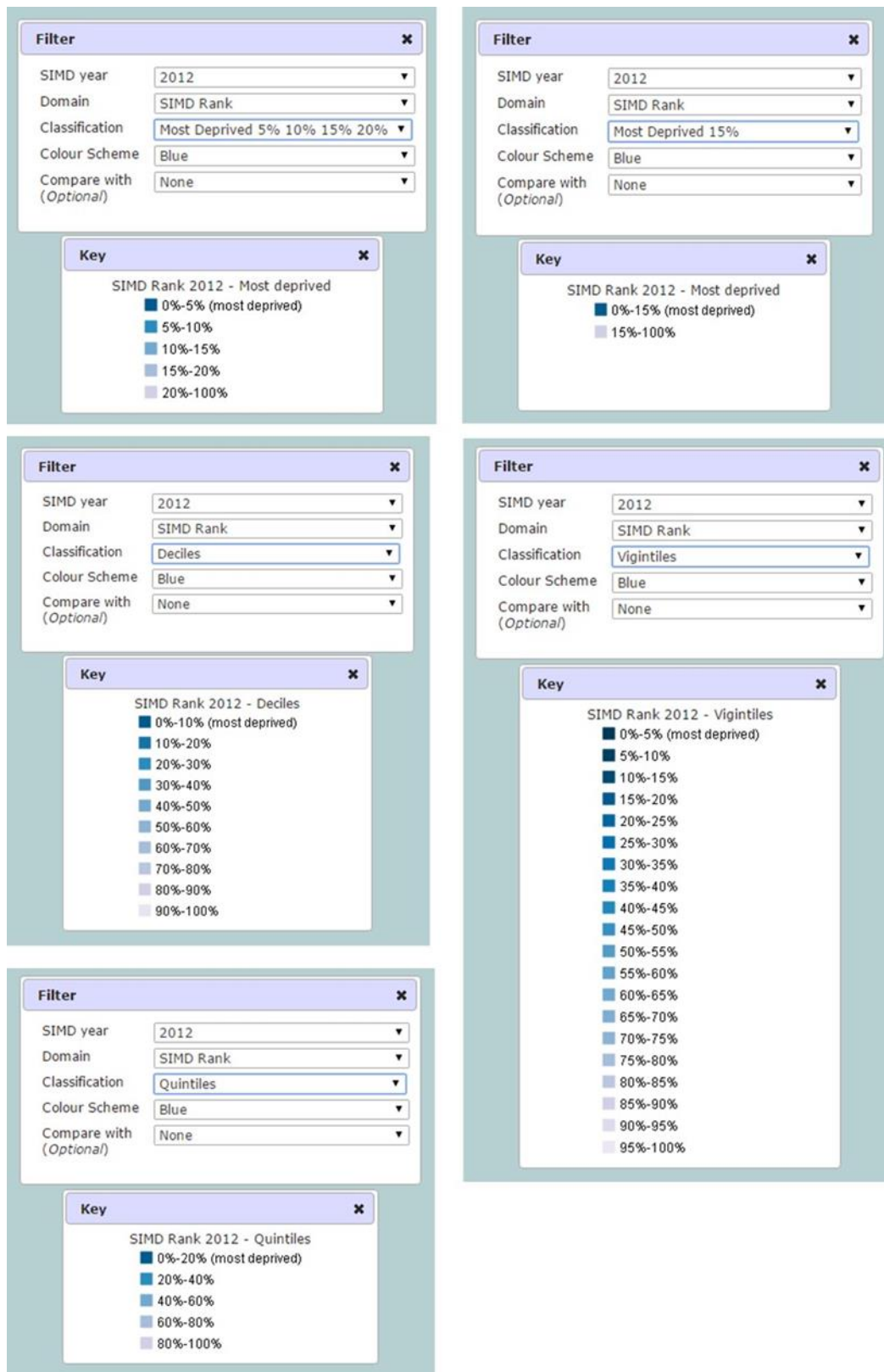


Table 10: Screenshot of SIMD Interactive Map © Crown Copyright

Local Authority	15% most deprived datazones							
	SIMD 2004		SIMD 2006		SIMD 2009		SIMD 2012	
	no. of data zones	national share (%)	no. of data zones	national share (%)	no. of data zones	national share (%)	no. of data zones	national share (%)
Aberdeen City	16	1.6	27	2.6	26	2.9	22	2.3
Aberdeenshire	2	0.2	6	0.6	4	0.4	5	0.5
Angus	3	0.3	6	0.6	6	0.6	3	0.3
Argyll & Bute	9	0.9	10	1.0	10	1.0	10	1.0
Clackmannanshire	10	1.0	15	1.5	12	1.2	14	1.4
Dumfries & Galloway	9	0.9	11	1.1	11	1.1	13	1.3
Dundee City	51	5.2	53	5.4	54	5.5	55	5.6
East Ayrshire	26	2.9	26	2.9	27	2.6	32	3.3
East Dunbartonshire	4	0.4	3	0.3	4	0.4	3	0.3
East Lothian	0	0.0	1	0.1	3	0.3	3	0.3
East Renfrewshire	5	0.5	3	0.3	5	0.5	7	0.7
Edinburgh City	61	6.3	63	6.5	60	6.1	54	5.5
Ellean Star	0	0.0	0	0.0	0	0.0	0	0.0
Falkirk	14	1.4	19	1.9	17	1.7	18	1.8
Fife	34	3.5	47	4.6	51	5.2	58	5.9

Table 11: National Share of 15% Most Deprived Datazones (Part 1) © Crown Copyright

Glasgow City	374	36.3	330	33.6	302	30.9	289	29.6
Highland	9	0.9	17	1.7	16	1.6	17	1.7
Inverclyde	36	3.7	42	4.3	42	4.3	44	4.5
Midlothian	1	0.1	5	0.5	4	0.4	3	0.3
Moray	0	0.0	0	0.0	1	0.1	0	0.0
North Ayrshire	33	3.4	33	3.4	43	4.4	46	4.7
North Lanarkshire	103	10.6	84	8.6	89	9.1	100	10.2
Orkney Islands	0	0.0	0	0.0	0	0.0	0	0.0
Perth & Kinross	3	0.3	9	0.9	6	0.6	6	0.6
Renfrewshire	41	4.2	36	3.7	43	4.4	48	4.9
Scottish Borders	2	0.2	3	0.3	5	0.5	5	0.5
Shetland Islands	0	0.0	0	0.0	0	0.0	0	0.0
South Ayrshire	13	1.3	13	1.3	10	1.0	17	1.7
South Lanarkshire	66	6.6	56	5.7	56	5.9	53	5.4
Stirling	6	0.6	7	0.7	7	0.7	7	0.7
West Dunbartonshire	32	3.3	33	3.4	31	3.2	31	3.2
West Lothian	9	0.9	14	1.4	19	1.9	13	1.3
Scotland	976	100.0	976	100.0	976	100.0	976	100.0

National share of datazones in the most deprived 15% by local authority (© Crown Copyright)

Table 12: National Share of 15% Most Deprived Datazones (Part 2) © Crown Copyright

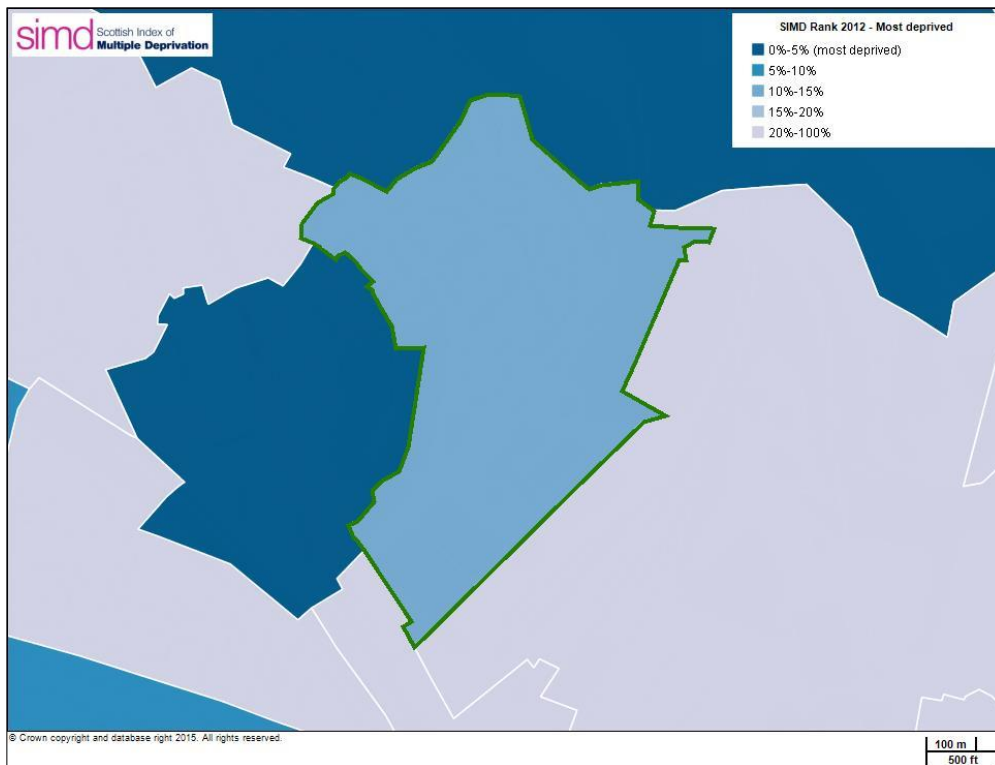


Figure 22: Participant Place of Work - Kim © Crown Copyright



Figure 23: Participant Place of Work - Katrina © Crown Copyright

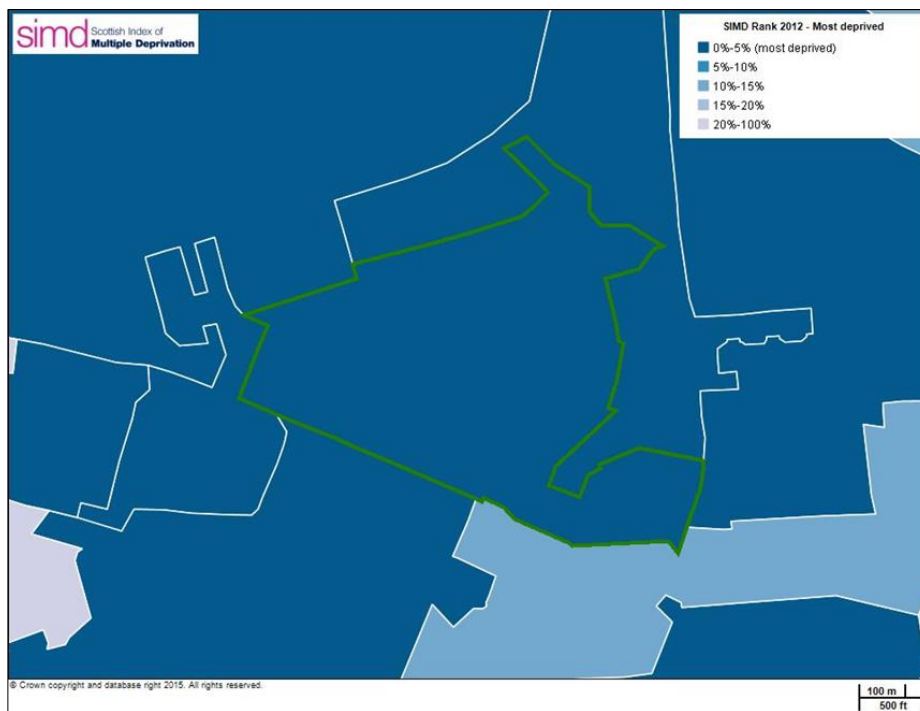


Figure 24: Participant Place of Work – Jan © Crown Copyright

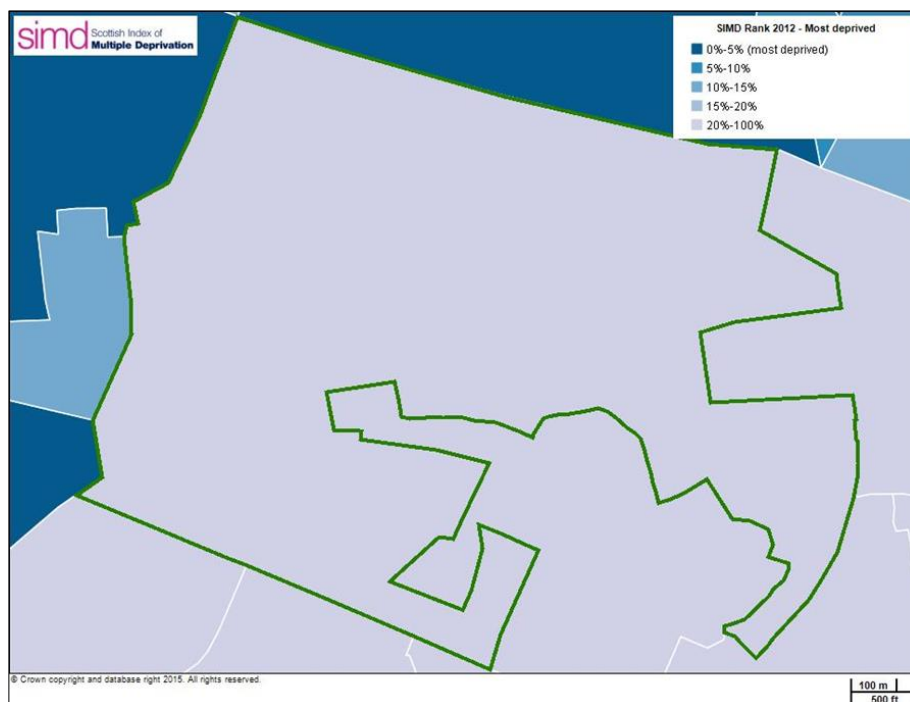


Figure 25: Participant Place of Work - Mary © Crown Copyright

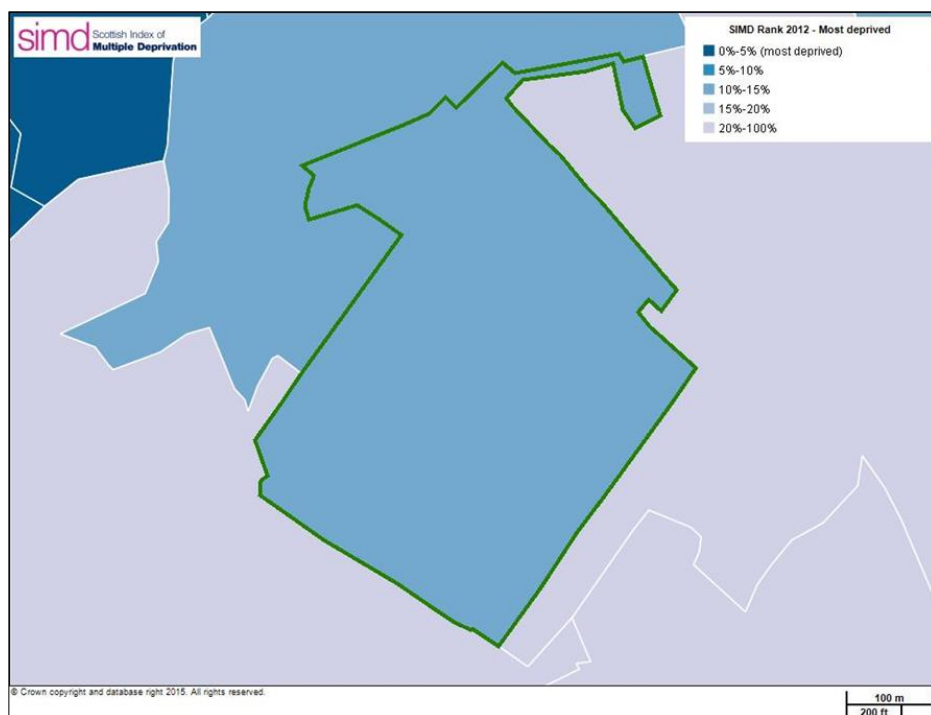


Figure 26: Participant Place of Work - Claire © Crown Copyright

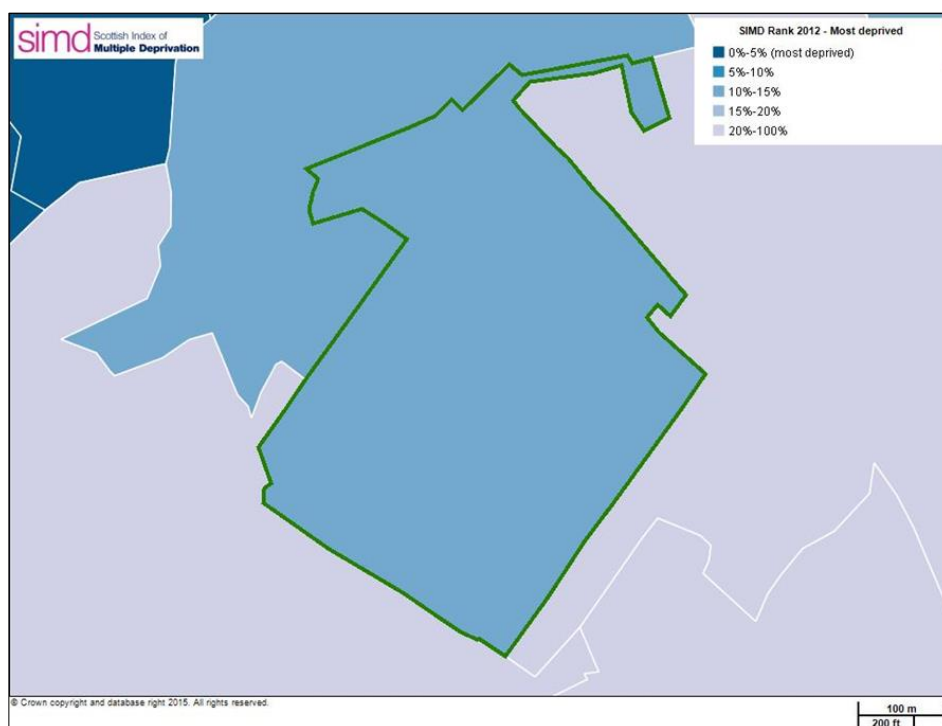


Figure 27: Participant Place of Work - Sharon © Crown Copyright

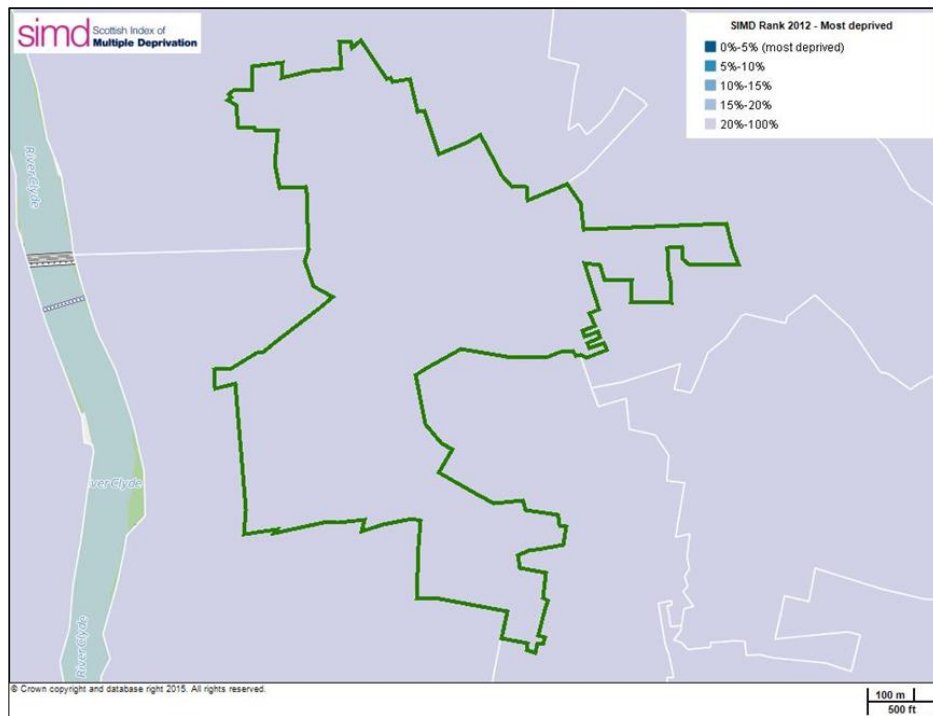


Figure 28: Participant Place of Work - Katie © Crown Copyright

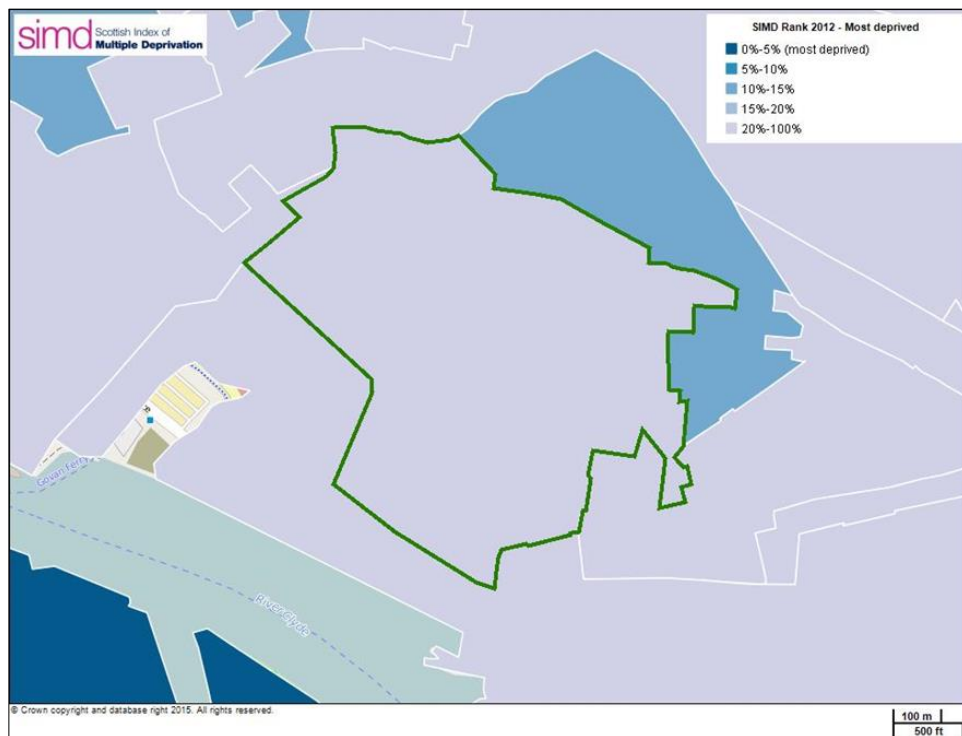


Figure 29: Participant Place of Work - Sandra © Crown Copyright



Figure 30: Participant Place of Work - Alison © Crown Copyright

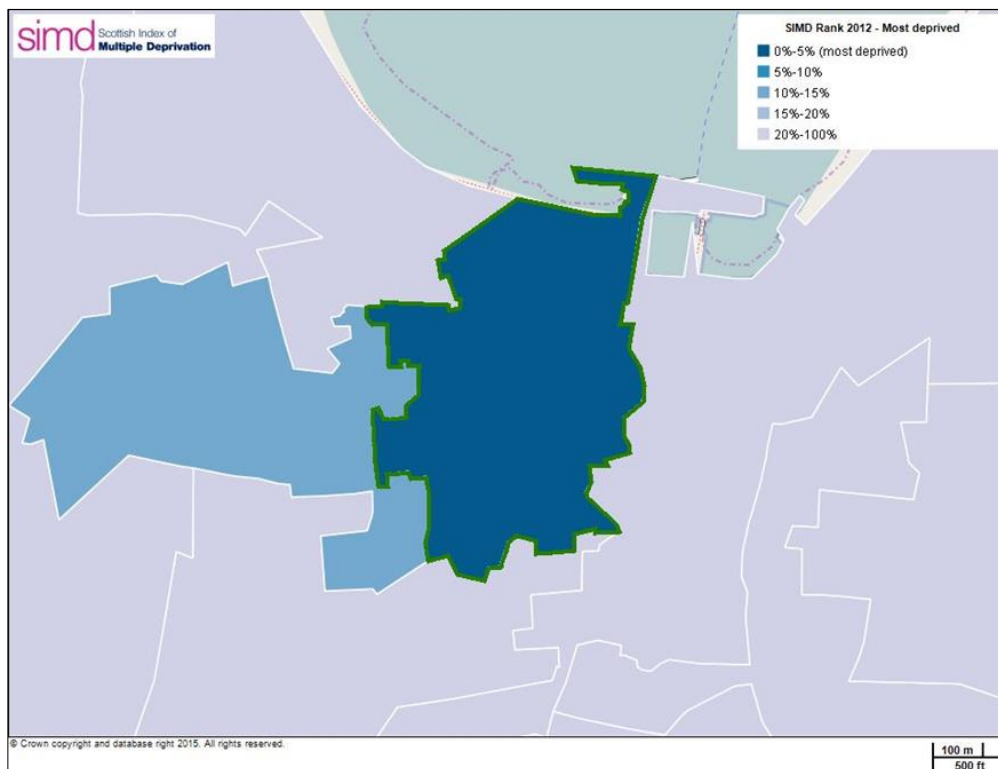


Figure 31: Participant Place of Work - Linda © Crown Copyright

South East Scotland Research Ethics Service

Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG



Name: Patricia Watts
Address: Health and Social Science,
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU

Date: 13/11/2013
Your Ref:
Our Ref: NR/1311AB7
Enquiries to: Alex Bailey
Direct Line: 0131 465 5679
Email: alex.bailey@nhslothian.scot.nhs.uk

Dear Patricia,

Project Title: Art Therapy and Poverty in West Central Scotland: Practitioners' Perspectives

You have sought advice from the South East Scotland Research Ethics Service on the above project. This has been considered by the Scientific Officer and you are advised that, based on the submitted documentation (email correspondence and Patricia Watts Draft Ethical Approval Form.docx), it does not need NHS ethical review under the terms of the Governance Arrangements for Research Ethics Committees (A Harmonised Edition).

The advice is based on the following:

- *The potential participants are neither patients (identified from, or because of, their past or present use of NHS services) nor relatives or carers of patients (recruited for this reason)*

If the project is considered to be research you may require ethical approval as outlined in The Research Governance Framework for Health and Community Care. You may wish to contact your employer or professional body to arrange this. You may also require NHS management permission from host care organisations (R&D approval). You should contact the relevant NHS R&D departments to organise this.

For projects that are not research and will be conducted within the NHS you should contact the relevant local clinical governance team who will inform you of the relevant governance procedures required before the project commences.

This letter should not be interpreted as giving a form of ethical approval or any endorsement of the project, but it may be provided to a journal or other body as evidence that NHS ethical approval is not required. However, if you, your sponsor/funder feels that the project requires ethical review by an NHS REC, please write setting out your reasons and we will be pleased to consider further. You should retain a copy of this letter with your project file as evidence that you have sought advice from the South East Scotland Research Ethics Service.

Yours sincerely,

Alex Bailey
Scientific Officer
South East Scotland Research Ethics Service



Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair: Mr Brian Houston
Chief Executive: Tim Davison
Lothian NHS Board is the common name of Lothian Health Board

Figure 32: NHS Ethics Advice Letter



Queen Margaret University
EDINBURGH

Patricia Watts
Professional Doctorate Student

Lucy Clapson
Quality Enhancement Officer
Queen Margaret University
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Tel: 0131 474 0000
Email: lclapson@qmu.ac.uk

01 May 2014

Dear Patricia,

Ethical Approval – Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives.

Thank you for submitting your QMU ethical approval application and confirmation of ethical approval for your study from the NHS for consideration by the Research Ethics Panel.

Dr Jane McKenzie, Convener of the Research Ethics Panel, has reviewed the documentation, and has confirmed that she is happy to take Convener's Action to grant full ethical approval for your research.

A standard condition of this ethical approval is that you are required to notify the Panel, in advance, of any significant proposed deviation from the original protocol. Reports to the Committee are also required once the research is underway if there are any unexpected results or events that raise questions about the safety of the research.

We would like to thank you for your co-operation and wish you well with your project.

Yours sincerely

Lucy Clapson
Secretary to the Research Ethics Panel

**DIVISION OF GOVERNANCE AND QUALITY ENHANCEMENT
QUEEN MARGARET UNIVERSITY, EDINBURGH
MUSSELBURGH
EAST LOTHIAN EH21 6UU
TELEPHONE: 0131 474 0000**

Queen Margaret University, Edinburgh, Scotland, EH21 6UU
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Figure 33: QMU Ethical Approval letter



Queen Margaret University
EDINBURGH

Information Sheet for Potential Participants

My name is Patricia Watts and I am a Professional Doctorate student from the School of Health and Social Science at Queen Margaret University in Edinburgh. Thank you for taking the time to respond to my request for participants and for expressing an interest in participating in this study. I am undertaking a research project for my final thesis using Ethnographic methods, the title is: *Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives*.

Aims and Objectives of Study

This study will gather the experiences of art therapists working with children and young people in areas of multiple deprivation in West Central Scotland to explore practitioner perspectives upon the impact of art therapy on promoting the well-being of children and young people affected by poverty.

The link between poverty, poor mental health and health inequality has been well documented by researchers and policy makers, therefore acknowledging the impact of poverty is a crucial element of therapeutic practice, as the influence and impact of socio-economic circumstances upon therapy is difficult to separate.

Within the art therapy literature, studies citing poverty as a central theme are limited, but those studies that have referred to poverty have been beneficial in supporting reflective practice.

By gathering practitioner perspectives, I hope to contribute to the existing body of research that makes poverty a central theme whilst capturing ideas and intuitions to support the development of theoretical perspectives from practice that can be shared with others.

Why have I been invited to participate in this study?

You have been invited to participate because you have indicated that you are an art therapist working with children and young people in an area of multiple deprivation located in West Central Scotland.

What is expected of me?

You will be asked to participate in a semi-structured interview at your place of work which will be recorded using a Dictaphone, then transcribed at a later date. The interview should take no longer than 60 minutes. Once your interview has been transcribed I will contact you and ask you to look at the transcript and verify its accuracy.

Observations of your workplace and the community in which it is located will also be recorded using fieldwork notes to gather data for the study. You do not have to be present for this but it would be helpful if you could arrange permission from your line manager for me to spend some time observing your workplace and taking notes.

28/03/2014 Version 2

Figure 34: Information Sheet for Participants (Part 1)

Do I have to participate?

You are not obliged to answer all questions in the semi-structured interview, nor are you obliged to agree to work place observations being carried out. Your participation is voluntary and you are free to withdraw from the study at any stage and do not have to give a reason.

How will the information I give you be used?

All data from semi-structured interviews, fieldwork notes will be analysed using thematic analysis. This will allow me to sort and group data that according to concept or theme. The concepts and themes that emerge from the data may help me address the aims of the study and the results will be written up in my final thesis which you are welcome to view.

The results may also be published in a journal or presented at a conference. Once interviews have been transcribed and subject to respondent validation, recordings will be destroyed as a precaution to safeguard personal information and protect personal identities.

Will the information I give you be kept confidential?

All data will be anonymised and your name will be replaced with a participant number. It will not be possible for you to be identified in any reporting of the data gathered, as the location where you work will also be replaced with a code.

You may choose to speak about your case work during the semi-structured interview. What you say about patients or service users in the interviews will be treated with sensitivity and respect and this will be reflected in the reporting. Information from the semi-structured interview will be anonymised and only be seen by me and my supervisors. However, if any information is shared in the interview which highlights that there may be a safeguarding concern for a vulnerable person, which is not being addressed, then client confidentiality could be breached. If there was a safeguarding concern, I would discuss this with you at the interview and encourage you to seek support from your line manager.

Who will have access to the information?

Apart from myself, and my Supervisors Dr Margaret Hills de Zárate and Dr Paul Gilfillan, no one else will have access to the information in its raw format. As mentioned above, the information that will be used in the final thesis will be anonymised.

How the information will be stored?

Information will be saved onto an encrypted USB pen drive, which will be stored in a digital safe. Once your interview has been transcribed and verified by you, the recordings will be deleted. Any identifying information will be removed from transcripts and your name will be replaced with a code. Transcripts will be kept for up to five years on an encrypted USB, after this time they will be deleted.

What are the disadvantages of with participating?

Loss of time could be a disadvantage of participating. I will negotiate with you the most suitable time that meets your needs in order to make the best use of your time and mitigate any impact on your patients or service users.

28/03/2014 Version 2

Figure 35: Information Sheet for Participants (Part 2)

What are the benefits of participating?

Sharing your experiences, ideas and intuitions may support the development of theoretical perspectives from practice that can be shared with others.

Contact Details

Please do not hesitate to contact me if you would like any further information on participating in this study. If you would like to contact an independent person, who knows about this project but is not involved in conducting it, you are welcome to contact my supervisors.

Name of researcher: Patricia Watts

Professional Doctorate Student,
Health and Social Science,
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU

Email / Telephone: 05003482@gmu.ac.uk / 07947247504

Name of Supervisor: Dr Margaret Hills de Zárate

Senior Lecturer & Programme Leader for Art Psychotherapy
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU

Email / Telephone: mhillsdezarate@gmu.ac.uk / 0131 474 0000

Name of Supervisor: Dr Paul Gilfillan

Programme Leader and Lecturer for Psychology and Sociology
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU

Email / Telephone: pgilfillan@gmu.ac.uk / 0131 474 0000

If you have read and understood this information sheet, and any questions have been answered, please now see the consent form if you would like to be a participant in the study. Thank you for your time.

Figure 36: Information Sheet for Participants (Part 3)

Consent Form Participant Copy



Queen Margaret University
EDINBURGH

Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives

Please read points below and initial if you agree:

I have read the information sheet and understand what is expected of me	
I have had an opportunity to ask questions about my participation	
I understand that I am not obliged to answer questions asked in semi-structured interviews	
I understand I can opt out at any time without giving reason	
I understand the researchers' duty of care and limits to confidentiality relating to safeguarding	
I agree to my interview being audio recorded and transcribed	
I understand that the data will be stored for up to five years and will be used for the researchers Professional Doctorate thesis	
I agree to the use of data for post thesis publication/presentations	
I agree to seek permission from my Line Manager for me to take part in this study and for workplace observations to be made and I agree to provide my Line Manager with the Line Manager Information Sheet	

By signing below I agree to take part in the study:

Participant Name: _____ Participant Signature: _____ Date _____

Researcher Name: _____ Researcher Signature: _____ Date _____

Contact details of the researcher:

Name of researcher: Patricia Watts
Professional Doctorate Student,
Health and Social Science,
Queen Margaret University
Queen Margaret University Drive
Musselburgh
East Lothian
EH21 6UU
Email / Telephone: 05003482@gmu.ac.uk / 07947247504
28/03/2014 Version 2

Figure 37: Participant Consent Form (Part 1)

Consent Form Researcher Copy



Queen Margaret University
EDINBURGH

Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives

Please read points below and initial if you agree:

I have read the information sheet and understand what is expected of me	
I have had an opportunity to ask questions about my participation	
I understand that I am not obliged to answer questions asked in semi-structured interviews	
I understand I can opt out at any time without giving reason	
I understand the researchers' duty of care and limits to confidentiality relating to safeguarding	
I agree to my interview being audio recorded and transcribed	
I understand that the data will be stored for up to five years and will be used for the researchers Professional Doctorate thesis	
I agree to the use of data for post thesis publication/presentations	
I agree to seek permission from my Line Manager for me to take part in this study and for workplace observations to be made and I agree to provide my Line Manager with the Line Manager Information Sheet	

By signing below I agree to take part in the study:

Participant Name: _____ Participant Signature: _____ Date: _____

Researcher Name: _____ Researcher Signature: _____ Date: _____

Contact details of the researcher:

Name of researcher: Patricia Watts
Professional Doctorate Student,
Health and Social Science,
Queen Margaret University
Queen Margaret University Drive
Musselburgh
East Lothian
EH21 6UU
Email / Telephone: 05003482@qmu.ac.uk / 07947247504
28/03/2014 Version 2

Figure 38: Participant Consent Form (Part 2)



Queen Margaret University
EDINBURGH

Information Sheet for Line Managers

My name is Patricia Watts and I am a Professional Doctorate student from the School of Health and Social Science at Queen Margaret University in Edinburgh. I am undertaking research for my doctoral thesis using Ethnographic methods, the title is: *Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives*.

Aims and Objectives of Study

This study will gather the experiences of art therapists working with children and young people in areas of multiple deprivation in West Central Scotland to explore practitioner perspectives upon the impact of art therapy on promoting the well-being of children and young people affected by poverty. By gathering practitioner perspectives, I hope to contribute to the existing body of research that makes poverty a central theme whilst capturing ideas and intuitions to support the development of theoretical perspectives from practice that can be shared with others.

What is expected of participants?

Participants will be asked to participate in a semi-structured interview at their place of work which will be recorded using a Dictaphone, and then transcribed at a later date. The interview should take no longer than 60 minutes. Once interviews have been transcribed I will contact participants to ask them to look at the transcript and verify its accuracy.

Observations of the workplace and the community in which it is located will also be carried out and data will be gathered using fieldwork notes. Participants do not have to be present for this but it would be helpful if permission could be granted for me to spend time making observations and taking notes. This will not involve observing patients or service users.

How will the information gathered be used?

The concepts and themes that emerge from the data will help me address the aims of the study and the results will be written up in my final thesis. The results may also be published in a journal or presented at a conference. Once interviews have been transcribed and subject to respondent validation, recordings will be destroyed as a precaution to safeguard personal information and protect personal identities.

Will the information gathered be kept confidential?

All data will be anonymised and practitioner names will be replaced with a participant number. It will not be possible for participants to be identified in any reporting of the data gathered, as work locations will also be replaced with a code.

Participants may choose to speak about case work during the semi-structured interview. What is said about clients in the interviews will be treated with sensitivity and respect and this will be reflected in the reporting. Information from the semi-structured interview will be anonymised and only be seen by me and my supervisors. However, if any information is shared in the interview which highlights that there may be a safeguarding concern for a vulnerable person, which is not being addressed, then client confidentiality could be breached. If there was a safeguarding concern, I would discuss this with participants at the interview and encourage them to seek line manager support.

17/01/2014 Version 1

Figure 39: Information Sheet for Line Managers (Part 1)

Who will have access to the information?

Apart from myself, and my Supervisors Dr Margaret Hills de Zárate and Dr Paul Gilfillan, no one else will have access to the information in its raw format. As mentioned above, the information that will be used in the final thesis will be anonymised.

How the information will be stored?

Information will be saved onto an encrypted USB pen drive, which will be stored in a digital safe. Once interviews have been transcribed and verified by participants, the recordings will be deleted. Any identifying information will be removed from transcripts and participant names will be replaced with codes.

What are the disadvantages of participating?

Loss of time could be a disadvantage of participating. I will negotiate with participants the most suitable time that meets their needs in order to make the best use of their time and mitigate any impact on patients or service users.

What are the benefits of participating?

Sharing experiences, ideas and intuitions may support the development of theoretical perspectives from practice that can be shared with others.

Contact Details

Please do not hesitate to contact me if you would like any further information regarding your member of staff participating in this study. If you would like to contact an independent person, who knows about this project but is not involved in conducting it, you are welcome to contact my supervisors. Please see below for contact details:

Name of researcher: **Patricia Watts**
Professional Doctorate Student,
Health and Social Science,
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU
Email / Telephone: 05003482@qmu.ac.uk / 07947247504

Name of Supervisor: **Dr Margaret Hills de Zárate**
Senior Lecturer & Programme Leader for Art Psychotherapy
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU
Email / Telephone: mhillsdezarate@qmu.ac.uk / 0131 474 0000

Name of Supervisor: **Dr Paul Gilfillan**
Programme Leader and Lecturer for Psychology and Sociology
Queen Margaret University,
Queen Margaret University Drive
Musselburgh
EH21 6UU
Email / Telephone: pgilfillan@qmu.ac.uk / 0131 474 0000

17/01/2014 Version 1

Figure 40: Information Sheet for Line Managers (Part 2)

Patricia Watts, Recruitment Advert

Dear BAAT Region 15 and 16 Members,

Re: Participants Required for Research Study

My name is Patricia Watts and I am a Professional Doctorate student from the school of Health and Social Science at Queen Margaret University.

As part of my doctorate, I am undertaking research for my thesis and would like to recruit participants for my study. The title is **Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives.**

The study aims to gather the experiences of art therapists working with children and young people in areas of multiple deprivation in West Central Scotland to explore practitioner perspectives upon the impact of art therapy on promoting the well-being of children and young people affected by poverty.

What is involved?

Participants taking part in this study will be asked to participate in a semi-structured interview that will take no longer than 60 minutes. This will be conducted at the workplace of participants at a time that suits them. Interviews will be audio recorded and the data gathered from the semi-structured interviews will be transcribed. Participants will be asked to verify the accuracy of their transcript at a later date.

As part of my data collection, I would also like to make observations of the workplaces of participants. Participants do not have to be present for this, but it would be helpful if participants could arrange permission from their Line Manager for me to spend time observing their workplace and taking notes.

Who can take part?

Potential participants must work with children and young people in an area of multiple deprivation listed on the Scottish Index of Multiple Deprivation (SIMD) and be based in West Central Scotland. To find out if the area where you work is listed on the SIMD, please follow the link: <http://www.sns.gov.uk/Simd/Simd.aspx>

If you are interested in participating and would like to find out more about this study, please contact me via email 05003482@qmu.ac.uk or by phone 07947247504.

Ethical approval for the study has been granted from Queen Margaret University.

Thank you for your time.

Kind regards,

Patricia Watts

17/01/2014 Version 1

Figure 41: Participant Recruitment Advert

Patricia Watts Initial Schedule for Semi-Structured Interview

Title of study: Art Therapy and Poverty in West Central Scotland: Practitioner's Perspectives

These questions and prompts are a starting point as the researcher is unaware at this stage of the range of themes that will emerge; therefore interviews will be conducted in a flexible manner and should last around 60 minutes.

Welcome prompts/Informed Consent

- Introductions
- Verbal information about study
- Verbal information regarding Safeguarding
- Ask participant if they have read and understood information sheet?
- Have they passed information onto line managers?
- Has permission been granted for workplace observations to be carried out?
- Are they happy for work place observation to be carried out?
- Are they happy for interview to be audio recorded?
- Give overview of what will be explored
- Do they have any questions?
- Ask participant to sign both copies of consent form

Introductory prompts

- What is your professional background?
- How long have you worked here and with this client group?
- What is your remit?
- What is the remit of the service you work for and what services does it offer?
- What is your case load like?
- How long do you typically work with clients?
- What is a typical day like for you?

Poverty prompts

- How would you define poverty?
- How would your clients define poverty?
- What helps you assess that your clients are affected by poverty?
- What are the challenges of working with people affected by poverty?
- What do you notice about the impact of poverty on the lives of clients?
- How is this manifested through art therapy sessions?

Multiple Deprivation prompts

- How well do you know this community?
- How would you describe multiple deprivation?
- How do you think it impacts on this community?
- What percentage of your clients live in this community?
- What is your opinion of how they feel about the community they live in?
- What are the challenges of working in this community?
- What are the strengths in this community?
- What do you feel your service/organisation brings to this community?
- What does art therapy bring to this community?

17/01/2014 Version 1

Figure 42: Participant Interview Schedule (Part 1)

Art Therapy Prompts

- Who refers clients to art therapy?
- How do clients typically respond to art therapy?
- In your opinion, why do clients engage with art therapy?
- What would be a barrier to a client engaging in art therapy?
- What would indicate in a session that a client was exploring poverty?
- What impact do you think art therapy has on a client's ability to explore poverty?
- Do you offer anything over and above art therapy to mitigate the impact poverty, e/g/ referral to trust fund or food bank or contacting benefits agency?

Change prompts

- How would you describe change?
- What impact do you think art therapy has effecting change?
- What are the barriers to change?
- What are the subtleties you notice when change is occurring?
- How do you measure and evaluate change that occurs in therapy?
- How can change be attributed to art therapy?

Well-Being Prompts

- How would you define well-being?
- How would your clients define well-being?
- What are the barriers to developing well-being for clients affected by poverty?
- What do you feel promotes well-being for clients affected by poverty?
- What do you feel inhibits well-being for this client group?
- What impact does art therapy have in promoting well-being?
- How do you evaluate well-being in your practice?
- What impact does therapy have on the well-being of the community?

End Prompts

- Is there anything we haven't discussed that you would like to add?
- Are you happy look over your transcript to verify the accuracy?
- Brief reminder of what will happen to data from interview
- Invite participant to get in touch if they have any further questions about process
- Thank participant for their time
- Ask if they are able to show me where I am able to make work place observations.

17/01/2014 Version 1

Figure 43: Participant Interview Schedule (Part 2)

OVERARCHING THEME:		PRACTITIONER'S WORK CONTEXT OF MULTIPLE DEPRIVATION												
PRE-SET THEME		PROFESSIONAL BACKGROUND												
Emerging Theme		Code	Participant/Transcript Location											
Art Training Has Worked in Areas of Multiple Deprivation			P1	P2	P3	P4	P5	P6	P7	P8	P9	P10		
		(PB-ATR) (PB-WAMD)	P1-L4	P2-L17	P3-L4	P4-L6	P5-L32	P6-L9	P7-L4	P8-L2	P9-L25			
PRE-SET THEME		JOB REMIT												
Emerging Theme		Code	Participant/Transcript Location											
Provides Training Works Across Different Settings			P1	P2	P3	P4	P5	P6	P7	P8	P9	P10		
		(JR-PT) (JR-WADS)				P4-L16 P4-L26	P5-L16	P6-L16	P7-L144		P9-L2	P10-L23		
PRE-SET THEME		ORGANISATIONAL DIFFICULTIES												
Emerging Theme		Code	Participant/Transcript Location											
Organisational Poverty Limited Resources Inadequate Workspace for Art Therapy Service			P1	P2	P3	P4	P5	P6	P7	P8	P9	P10		
		(OD-OP)		P2-L327			P5-L99	P6-L97				P9-L232		
		(OD-LR)			P3-L250				P7-L210			P9-L51	P10-L96	
		(OD-IWATS)	P1-L193				P5-L95	P6-L96	P7-L210					
PRE-SET THEME		ORGANISATIONAL STRENGTHS												
Emerging Theme		Code	Participant/Transcript Location											
Provision of Basic Goods to Mitigate Impact of Poverty Accessible/Inclusive Service Service Visible in Community			P1	P2	P3	P4	P5	P6	P7	P8	P9	P10		
		(OS-PBGMP)			P3-L383			P6-L118		P8-L26	P9-L47	P10-L58		
		(OS-AIS)			P3-L37		P5-L85	P6-L82		P8-L26	P9-L316	P10-L58		
		(OS-SVC)			P3-L50		P5-L85	P6-L82				P10-L23		
PRE-SET THEME		STRENGTHS OF COMMUNITY												
Emerging Theme		Code	Participant/Transcript Location											
People Looking Out for Each Other			P1	P2	P3	P4	P5	P6	P7	P8	P9	P10		
		(SC-PLOE)		P2-L224		P4-L107			P7-L152	P8-L296		P10-L232		

Table 13: Codes and Themes (Part 1)

OVERARCHING THEME: PRACTITIONER'S UNDERSTANDING OF POVERTY												
PRE-SET THEME PERCEPTIONS OF POVERTY												
Emerging Theme	Code	Participant/Transcript Location										
		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
People in Poverty Having Designer Clothes and Phones	(PP-PHDCP)	P1-L280				P5-L29	P6-L21	P7-L129			P10-L193	
Experience Social Exclusion for Not Having Material Goods	(PP-ESENMAG)					P5-L30	P6-L168	P7-L91	P8-L89	P9-L188	P10-L40	
Ambivalent Views of Council Estates	(PP-AVCE)	P1-L236				P4-L432		P7-L135	P8-L294			
Unfairness of Extreme Wealth and Poverty	(PP-UEWP)	P1-L295				P4-L143		P7-L115	P8-L294	P9-L154		
Children's Acceptance of There Being No Money	(PP-CABNM)	P1-L299				P4-L149	P6-L173		P9-L139			
People on Same Income Can Experience Poverty Differently	(PP-PSICEPD)		P2-L62		P4-L417			P7-L105	P8-L79		P10-L34	
CYP Perception of Not Having a Fancy Car, TV or Phone	(PP-CPNHFCPT)		P2-L70			P5-L29	P6-L21	P7-L101			P10-L40	
Neat Appearance Masking Vulnerability	(PP-NAMV)	P1-L337			P4-L165	P5-L30	P6-L159	P7-L365				
Poverty not Always Documented or Recognisable	(PP-PNADR)	P1-L456			P4-L429			P7-L356			P10-L29	
People in Poverty Have Unhealthy Diets	(PP-HUD)		P2-L82			P5-L222			P8-L20	P9-L74		
Not Having Enough of What You Need	(PP-NHEWN)				P4-L118			P7-L124	P8-L80	P9-L42	P10-L36	
IMPACT OF POVERTY												
Emerging Theme	Code	Participant/Transcript Location										
		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
Experiencing In Work Poverty	(IP-EIWP)		P2-L296	P3-L63	P4-L407						P10-L34	
Poor Housing Conditions	(IP-PHC)			P3-L104		P5-L34		P7-L54		P9-L53		
Emotional Poverty	(IP-EP)	P1-L368	P2-L123	P3-L132	P4-L118		P6-L113					
Emphasis on Childs Material Instead of Emotional Need	(IP-ECMIEN)			P3-L300	P4-L368			P7-L88		P9-L193		
Undernourishment and Poor Diet	(IP-UPD)		P2-L115	P3-L81	P4-L67	P5-L222			P8-L20	P9-L74		
Anxiety About Replenishment of Resources	(IP-ARR)			P3-L250	P4-L64		P6-L43		P8-L252	P9-L97	P10-L96	
Difficulty in Affording Material Goods	(IP-DAMG)			P3-L74	P4-L118			P7-L88		P9-L139	P10-L40	
Not Enough Money to Meet Basic Needs	(IP-NEMMBN)				P4-L119			P7-L124	P8-L80	P9-L75	P10-L36	
Pressure of Aspiring to Opportunities Afforded by Wealth	(IP-PAOAW)				P4-L144		P6-L168	P7-L102		P9-L139	P10-L41	
Feeling Shame/Stigma	(IP-FSS)					P5-L62		P7-L91	P8-L212		P10-L212	
Guilt/Shame Around Pressure to Buy Material Goods	(IP-GPBMG)							P7-L88	P8-L82	P9-L138	P10-L41	
Lack of Opportunity/Choice	(IP-LOC)							P7-L162	P8-L296	P9-L44	P10-L33	
INDICATORS OF DEPRIVATION												
Emerging Theme	Code	Participant/Transcript Location										
		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
Lone Parent Struggling on Single Income	(ID-LPSSI)	P1-L379	P2-L143					P7-L54	P8-L122		P10-L46	
Children Presenting As Hungry	(ID-CPH)		P2-L88	P3-L383	P4-L61	P5-L35	P6-L114		P8-L94	P9-L47		
Children Stealing Art Materials from Session	(ID-CSAMS)		P2-L324		P4-L166							
Dishevelled Appearance	(ID-DA)			P3-L386				P7-L50			P9-L48	P10-L193
Children Using Up All Available Materials in Session	(ID-CUAMS)		P2-L351	P3-L211	P4-L326	P5-L39	P6-L50		P8-L238	P9-L205	P10-L74	
Not Feeling Worthy to Use Art Materials	(ID-NFWUM)				P4-L327			P7-L194	P8-L96	P9-L161	P10-L74	
Indicators of Poverty Aligned with Indicators of Neglect	(ID-IPAIN)			P3-L110		P5-L34	P6-L127	P7-L50	P8-L176	P9-L69	P10-L83	

Table 14: Codes and Themes (Part 2)

OVERARCHING THEME		PRACTITIONER'S UNDERSTANDING OF WHAT ART THERAPY DOES													
PRE-SET THEME		USE OF ART THERAPY SESSION													
Emerging Theme	Code	Participant / Transcript Location													
		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10				
Providing a Space to Play	(UATS-PPSP)	P1-L113	P2-L357	P3-L219	P4-L309				P8-L110	P9-L59					
Assisting with Emotional Development	(UATS-AED)	P1-L116		P3-L340			P6-L107	P7-L307		P9-L222	P10-L215				
Exploring a Sense of Normality	(UATS-ESN)		P2-L256	P3-L90			P6-L108		P8-L218	P9-L103	P10-L158				
Regression Through Play	(UATS-RTP)	P1-L354	P1-L387		P4-L303		P6-L107			P9-L130					
Processing Early Childhood Memories	(UATS-PECM)	P1-L355			P4-L382	P5-L213				P9-L222	P10-L151				
Support to Explore Aspirations	(UATS-SEA)		P2-L258				P6-L108	P7-L262	P8-L153	P9-L227					
Strengthening Parent/ Carer Child Relationship	(UATS-SPCR)			P3-L292		P5-L205	P6-L196		P8-L276	P9-L249					
Holding and Containment	(UATS-HC)		P2-L259	P3-L163	P4-L288			P7-L93		P9-L110					
Validating Difficult Memories	(UATS-VDM)	P1-L360		P3-L233	P4-L190	P5-L150					P10-L147				
Provides Nurturing Environment	(UATS-PNE)	P1-L365	P2-L389	P3-L42	P4-L379		P6-L107	P7-L172		P9-L59	P10-L92				
Modelling New Relationship to Materialism	(UATS-MNRM)			P3-L243		P5-L207	P6-L162		P8-L218	P9-L216					
Being Able to Display Anger Safely and Appropriately	(UATS-ADASA)	P1-L403	P2-L308	P3-L344	P4-L208		P6-L106	P7-L185		P9-L261					
Learning to Regulate Emotions	(UATS-IRE)	P1-L414		P3-L141	P4-L333		P6-L107			P9-L115	P10-L215				
Exploring Impact of Material Deprivation	(UATS-EIMD)			P3-L252	P4-L162	P5-L213	P6-L122	P7-L85		P9-L147					
Exploring Material Worth of Things	(UATS-EMWT)				P4-L158	P5-L207	P6-L184			P9-L152					
Exploring Attachment Through Therapeutic Alliance	(UATS-EATA)			P3-L94				P7-L184		P9-L222	P10-L224				
Building Resilience and Coping Skills	(UATS-BRCS)	P1-L423		P3-L228	P4-L292			P7-L272	P8-L218	P9-L117					
Non-Verbal Communication of Difficult Experiences	(UATS-NVUDE)		P2-L308				P6-L112	P7-L222		P9-L222					
Building Confidence With Creative Process/Use of Materials	(UATS-BCCPM)	P1-L441		P3-L233	P4-L270				P8-L100	P9-L117					
Providing Acceptance and Containment for Mess	(UATS-PACM)	P1-L444		P3-L211	P4-L296				P8-L238	P9-L117					
Providing a Space for Children to Be Themselves	(UATS-PSGBT)	P1-L449		P3-L156	P4-L319	P5-L152			P8-L231	P9-L278	P10-L219				
Space to Express Difficult Experiences	(UATS-SEDE)		P2-L307	P3-L225	P4-L197	P5-L160	P6-L110	P7-L171	P8-L263						
Exploring Nurture Through Food	(UATS-ENTF)			P3-L86		P5-L219	P6-L117	P7-L193							
Exploring Poverty Through Food	(UATS-EPF)					P5-L213	P6-L114	P7-L193		P9-L81					
Exploring Fantasy About Family Life	(UATS-EFFL)			P3-L90		P5-L213	P6-L117	P7-L184		P9-L100	P10-L139				
Testing/Seeking Boundaries	(UATS-TSB)			P3-L264	P4-L284				P8-L97	P9-L117	P10-L124				
Art Materials Resembling Food	(UATS-AMRF)						P6-L117	P7-L193	P8-L238	P9-L81					
Learning Self Value and Self Worth	(UATS-LSVSW)				P4-L274				P8-L104	P9-L171	P10-L155				

Table 15: Codes and Themes (Part 3)

OVERARCHING THEME: PRACTITIONER'S UNDERSTANDING OF POVERTY INFORMED PRACTICE												
PRE-SET THEME DIFFICULTIES FOR CHILDREN AND YOUNG PEOPLE												
Emerging Theme	Participant/Transcript Location											
	Code	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
Emerging Theme	Unable to Play	(DCYP-UTP)	P2-L51	P3-L206	P4-L310					P9-L58		
	Domestic Abuse	(DCYP-DA)	P1-L316	P2-L409					P8-L301			P10-L24
	Sexual Abuse	(DCYP-SA)		P2-L193					P8-L301			P10-L24
	Parental Alcohol Misuse	(DCYP-PAM)	P1-L343	P2-L135	P3-L60		P6-L43					
	Attachment Issues	(DCYP-AI)	P1-L353	P3-L296				P7-L174		P9-L70		
	Impact of Parents Issues	(DCYP-PI)		P2-L368	P3-L29		P6-L122	P7-L65				
	Poor Parenting	(DCYP-PP)		P2-L124	P3-L256			P7-L228		P9-L282		
	Neglect	(DCYP-N)	P1-L357		P3-L88		P6-L127			P9-L90	P10-L80	
	Remaining in Hypervigilant/Survival Mode	(DCYP-RHSM)			P4-L66		P6-L226	P7-L292		P9-L271		
	Poverty/Deprivation	(DCYP-PD)			P4-L60	P5-L34		P7-L155		P9-L216	P10-L28	
	Looked After and Accommodated	(DCYP-LAAC)		P2-L146	P3-L89		P6-L109	P7-L228			P10-L81	
	Young Carer	(DCYP-YC)	P1-L365		P4-L61		P6-L46				P10-L81	
	One Parent Family	(DCYP-OPF)	P1-L379		P3-L154		P4-L96				P10-L46	
	Social Isolation	(DCYP-SI)			P3-L307	P5-L30	P6-L82		P8-L89			P10-L41
	Exposure to Substance Misuse	(DCYP-ESM)		P2-L399	P3-L60		P6-L43	P7-L287				
Emerging Theme	Social Work Involvement	(DCYP-SWI)		P2-L156	P3-L89			P7-L59	P8-L269			P10-L80
	Communicating Distress Through Challenging Behaviour	(DCYP-CDSB)			P3-L39			P6-L114	P7-L206	P8-L197		P10-L171
	Vulnerabilities Masked by Material Goods	(DCYP-VMG)			P3-L276	P5-L55	P6-L159	P7-L101	P8-L256	P9-L198		
STRENGTHS FOR CHILDREN AND YOUNG PEOPLE												
Emerging Theme	Participant/Transcript Location											
	Code	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
Emerging Theme	Allowing Themselves to See Their Experiences as Difficult	(SCYP-ATSD)	P1-L412			P5-L155	P6-L158	P7-L287				
	Children Not seeing Themselves as Being in Poverty	(SCYP-CNSTP)		P2-L69	P3-L66		P4-L104	P7-L101		P9-L139		
	Development of Resilience and Coping Skills	(SCYP-DRCS)		P2-L380	P3-L235	P5-L149		P7-L282		P9-L206		
	Taking Ownership of Sessions	(SCYP-TOS)			P3-L141	P5-L152			P8-L104	P9-L270	P10-L161	
	Ability to Differentiate Boundaries of Different Spaces	(SCYP-ABDS)			P3-L197		P6-L168			P9-L267	P10-L132	
PRACTICE VALUES												
Emerging Theme	Participant/Transcript Location											
	Code	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	
Emerging Theme	Recognised Need for Early Intervention	(PV-RNEI)						P7-L20	P8-L4	P9-L314		
	Working with Parents/Carers to Raise Their Capacity	(PV-WPRC)		P2-L357	P3-L43	P5-L200			P8-L276			
	Awareness that Change Has to be Managed Safely	(PV-ACHMS)	P1-L425	P2-L257	P3-L240	P4-L354						
	Monitoring and Evaluation of Change for Child	(PV-MECC)			P3-L369	P4-L184	P5-L144	P7-L182	P8-L229	P9-L270		
	Recognising Needs of the Whole Family in Support to Child	(PV-RNWFSC)	P1-L433	P2-L127	P3-L117				P8-L172			
	Signposting to Other Services for Issues Out With Remit	(PV-SOAIOR)	P1-L465		P3-L102			P7-L23			P10-L286	
	Multi-Agency Working	(PV-MAW)		P2-L153	P3-L125	P4-L392		P7-L23	P8-L140			P10-L40
	Recognising Impact of Poverty on Life of Child	(PV-RIPLC)			P3-L377		P6-L118		P8-L21	P9-L161		
	Linking Practice to Research	(PV-LPR)					P6-L229	P7-L203	P8-L267	P9-L95		P10-L15

Table 16: Codes and Themes (Part 4)

The Alignment of Practices and Goals of Art Therapists Working in Contexts of Multiple Deprivation

Patricia Watts

Focus of Study

to gather the views of art therapists
working with children and young
people affected by poverty

and

living in areas of multiple deprivation
listed in the SIMD in West Central
Scotland

Background

"The structure of traditional psychological therapies are not focused towards meeting the needs of multiply excluded people with frequently chaotic lifestyles" (Shelter 2008)

Research Aims

To gain insight into:

- Practitioners' work context of multiple deprivation
- Practitioners' understanding of poverty
- Practitioner's understanding of what art therapy does or might achieve in such contexts
- Whether practitioners' understanding of poverty changes the therapeutic goals they set

Literature

- Gaps in Art Therapy Literature – Poverty not a central theme
- Information relating to poverty gleaned from grey literature and other disciplines
- Lots of Art Therapy Literature on working with children – little reference to practice that addresses the impact of poverty
- Majority of art therapy literature on homelessness was international and focused on absolute rather than relative poverty
- Most relevant art therapy literature that focused on social action, class issues and the impact of economic recession

Study Design

- Qualitative approach –ethnographic methods
- Reflexivity to examine own position
- Semi-structured interviews with 10 participants
- Fieldwork to gather information on participant context
- Inductive approach to data analysis

Interim Findings

- **Practitioner context:**
 - Half of participants worked in 15% most deprived areas
- **Practitioner Understanding of Poverty:**
 - Most practitioners identified poverty as relative
- **Practitioner's understanding of what art therapy does or might achieve in such contexts:**
 - Consensus was art therapy allowed children to communicate emotional and physical things they were lacking or deprived of
- **Whether practitioners' understanding of poverty changes the therapeutic goals they set:**
 - Some practitioners identified that organisational barriers prevented them from responding to the impact of poverty

References

- Orford, T. 2011. *Commission on the Future Delivery of Public Services*. Crown Copyright, Scotland.
- Orford, J. 2011. "Child Poverty." In *Poverty in Scotland 2011: Towards a More Equal Scotland?*, J. R. McManis et al., eds., London: Child Poverty Action Group, pp. 107-118.
- Hwang, D. 2005. "Art Therapy and Social Action: A Transpersonal Framework." *Art Therapy Journal of the American Art Therapy Association*, 22, (1):7-18.
- Hwang, D. 2007. "Art Therapy as a Tool for Social Change: A Conceptual Model." In *Art Therapy and Social Action*, E. & J. P. Kaplan, eds., London: Jessica Kingsley Publishers.
- Hue, S. 2012. *Creating a Safe Climate: Art Therapy-Based Organizational Consultancy within Public Institutions*. *International Journal of Art Therapy*, (Image), 17, (1):21-33.
- Jack, C. & G. S. 2010. *The Missing Side of the Triangle: Assessing the Importance of Family and Environmental Factors in the Lives of Children in Care*. Barnardo's.
- McDonald, J. R. 2011a. *Children's Views on Child Poverty in Contemporary Scotland: Report on the 2010/2011/2012 Survey on Child Poverty*. The Hunter Foundation, Glasgow.
- McNulty, F. 2013. *Running Poverty – The Impact of Local Place-based Research into Experiences of Local Poverty in Rural Fife*. The Poverty Alliance, Glasgow.
- Mooney, G. & S. C. 2012. "Disability, Social Justice and Social Policy: The Scottish Context." In *Social Justice and Social Policy in Scotland*, G. Mooney & S. C. Smith, eds., Bristol: The Policy Press, pp. 17-23.
- Moore, C. & J. 2012. *Trends and Health Inequalities in Scotland Since 1997*. In *Social Justice and Social Policy in Scotland*, G. Mooney & S. C. Smith, eds., Bristol: The Policy Press, pp. 23-32.
- Scottish Government 2011a. *Annual Report for the Child Poverty Strategy for Scotland*. Crown Copyright, Edinburgh.
- Scottish Government 2011. *Poverty and Income Inequality in Scotland*. 2010/11/12. Crown Copyright, Edinburgh.
- Spencer, N. 2008. *Health Consequences of Poverty for Children*. End Child Poverty, London.
- Stellen 2010a. *Supporting Families Children: Guidance for Children and Family Services*. London: Nuffield, Art Type: Paperback.
- Stellen 2010b. *Supporting Families Children: Guidance for Health Visitors*. Stellen, London.
- Wood, C. 1996a. "Class Issues in Art Therapy." In *Art Therapy, Race and Culture*, J. Campbell et al., eds., London: Jessica Kingsley Publishers, pp. 111-115.
- Wood, C. 1996b. *Gathering Evidence: Responses of Art Therapy Research Findings*. *International Journal of Art Therapy*, (Image), 4, (2):31-42.
- Wood, C. 2010. *Conceptual & Methodical Issues with Contemporary Relevance*. *Art Therapy Online*. *ARTS*, 1, (2):1-11.

Table 17: Peer Feedback from Presentation to Public Sociology Seminar, QMU, November 2015

Patricia presented a coherent and relevant presentation on the attitudes of Art Therapists to working with children in poverty. This work presented interesting information about class, the impact of poverty the awareness required by therapists and poverty shame. The presentation was engaging, interesting and addressed a topic that is important to all professionals working with people in poverty. Patricia clearly has a passion for this work and this was evident throughout. She also was very clear about her world view and how this locates her in the choice of topic and the need for reflexivity throughout.

Elaine Ballantyne, Professional Doctorate Student, QMU

It was an enlightening experience to have Patricia present her doctoral research at our sociology seminar, particularly for myself as a peer PhD student. Her work on the experiences and attitudes of art therapists operating in areas deprivation provided important insight into the impact of working with children living in poverty. It introduced key distinctions in therapists' levels of awareness and reflection on their practice. Equally, Patricia's own open and reflexive approach to the work demonstrated her passion and self-awareness of the issues involved. It was a well-structured and thought provoking talk that inspired a lively group discussion.

Julie Young, PhD Student, QMU